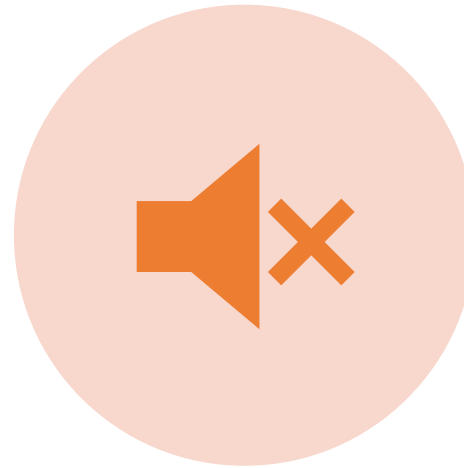


Please



**TYPE QUESTIONS IN THE
CHAT BOX**



MUTE YOUR LINES

NEMSIS v3.5 Data Transition

NEMSIS v3.5 Data Transition for EMS Agencies

Georgia Office of EMS and Trauma

July 10, 2023

Georgia's v3.5 Transition

Kelly Joiner, Deputy Director

Dipti Patel, Data Manager

Georgia Office of EMS and Trauma

Agenda

- GEMISIS/NEMISIS v3.5 Transition
- Expectations of EMS Agencies
- Resources Available
- Data Dictionary
- Definitions of data fields/elements of new required data fields
- Other Data fields/elements
- Current Issues with Documentation
- Hospital Hub
- Expectations of EMS Agencies (Summary)

Georgia EMS Information System (GEMISIS Elite)



- Georgia's state EMS data repository
- Stores EMS data from all Georgia licensed EMS agencies:
 - Ground Ambulance
 - Air Ambulance
 - Medical First Responder
 - Neonatal services
- **A universal standard dataset for how incident data resulting from a response is collected for Georgia.**



NEMSIS



- **The National Emergency Medical Services Information System (NEMSIS):** is the national database that is used to store EMS data from the U.S. States and Territories.
 - Universal standard dataset
 - A collaborative system to improve patient care through the standardization, aggregation, and utilization of point of care EMS data at a local, state and national level
 - NEMSIS is a product of NHTSA's Office of EMS
- NEMSIS provides the framework for collecting, storing, and sharing standardized EMS data from States nationwide.
 - NEMSIS uniform dataset and database help local, state and national EMS stakeholders more accurately assess EMS needs and performance, as well as support better strategic planning for the EMS systems of tomorrow.

Why Transition to NEMESIS v3.5?

The National objectives for these changes are to:

- Reduce less data entry errors
- Make data collection more intuitive, usable, and exchangeable
- Increase in data accuracy

Our goal with implementing these changes is to:

- Maintain National compliance
- Improve users' ability to effortlessly navigate through the incident record
- Reduce provider frustrations with lengthy documentation
- Better incident flow

What does “Transition” mean?

- Transition means we are switching from one version (current NEMESIS v3.4) to a new version (NEMESIS v3.5).
- How does it affect EMS Agencies in GEMSIS Elite?
 - All current EMS Agencies are set on the v3.4 version in the system.
- What will OEMST have to do in GEMSIS Elite to transition an EMS Agency?
 - We will have to switch the default version in GEMSIS Elite from v3.4 to v3.5 for each EMS agency.
 - This will allow you to document calls using the new EMS form, Print Report (GEMSIS Elite users), and new validation rules created to v3.5.

What does this mean for EMS Agencies?

- NEMSIS v3.5
 - Total of 293 Validation Rules
 - 97 rules from v3.4 converted to v3.5
 - 14 new rules created to include v3.5 changed elements and values
 - 182 current rules updated to include v3.5 changed elements and values
- Phase 1:
 - Transition of GEMSIS Elite agencies to v3.5 (July 2023)
 - GEMSIS Elite Validation (Compatibility) Process (ePCR Vendor Compliance Testing)
- Phase 2: Transition of 3rd Party ePCR agencies.
- All EMS agencies transitioned to v3.5 by November 1st
- All states must be fully transitioned to v3.5 before 2024

OEMST Data Policies

- OEMS-DM-2023-001:
EMS Data Compliance and Reporting Policy
- OEMS-VC-2023-002:
EMS ePCR Vendor Compliance Policy



EMS Policies, Rules and Regulations

Rules and Regulations of the State of Georgia

[Official Code of Georgia Title 31, Chapter 11](#)

[Rules and Regulations Chapter 511-9-2](#)

EMS Data Compliance Policies

-  [OEMS-DM-2023-001 – EMS Data Compliance and Reporting Policy](#)
 - The intent of this policy is to specify the requirements for data compliance and reporting for all EMS Agencies currently licensed or seeking licensure by the Department. The new addition made to the policy is specified under sections 5.5-5.7.
-  [OEMS-VC-2023-001 – EMS ePCR Vendor Compliance Policy](#)
 - The intent of this policy is to specify the requirements, compatibility, and compliance of ePCR vendors for EMS responses from EMS Agencies in Georgia and the mandatory reporting requirements for NEMSIS v3.5 and all future NEMSIS versions.

EMS ePCR Vendor Compliance Policy

- Beginning with GEMSIS v3.5 data reporting, all ePCR software vendors must be **Approved** by the Department to be utilized within Georgia's EMS system for each software version available.
- All current ePCR software vendors being utilized in GA today must successfully complete the Department's GEMSIS Validation (Compatibility) Process no later than **September 1, 2023**.
 - ePCR vendors must start the compatibility (testing) process by August 15th.
 - If your ePCR vendor is not GA approved by the time your agency needs to transition, you will have to either switch to an approved ePCR vendor or use the state system.
- Once compatibility testing is completed and the vendor has been GA-approved, the vendor will be able to import v3.5 data to the Department on behalf of the EMS agency(s).
 - The Department will list all approved ePCR vendors on the Department's website.
 - Dipti Patel will work with each vendor/agency to set a date and time to transition the EMS Agencies.

EMS ePCR Vendor Compliance Policy - continued

- Software system shall **NOT** allow EMS agencies to do the following:
 - Allow agencies or medics to enter facility codes and/or names not approved by the Department.
 - Software system must be configured to not allow medics to alter a crew member license number (ID) (eCrew.01) and crew member level (eCrew.02) from within the ePCR.
 - ePCR software vendors shall not prepopulate answers in the EMS agency's ePCR.
 - If an EMS agency prepopulates a field, this field must be visible for the medic to see.
 - ePCR software system shall not show "Not Recorded" or "Not Reporting" as a value option in the ePCR for medics to select.
 - ePCR software system must allow medics to select appropriate NOT Values (NV) and Pertinent Negatives (PN) as specified in the Georgia State validation rules.

EMS ePCR Vendor Compliance Policy - continued

- The Department has the final approval for imports to GEMSIS Elite. If the Department determines that the ePCR system is no longer compliant or the ePCR vendor needs to make changes to their software as a result of poor data quality or import issues, the Department reserves the right to revoke the ePCR software systems compliance approval and require the ePCR software system to complete the GEMSIS Validation (Compatibility) Process.
- In the event the ePCR software vendor is no longer current as a NEMSIS compliant "Collect Data" software system for the NEMSIS version that is currently active in Georgia, the ePCR software vendor shall notify the EMS Agency and the Department immediately.

Agencies using GEMSIS Elite ePCR System

- Updated the current state EMS and EMS/Fire ePCR form and Print Report in the GEMSIS Elite system with any field changes.
 - v3.5 EMS and EMS/Fire Form and Print Report are available under each agency but made Inactive.
 - Agencies can either utilize our state form and print report or customize it.
 - Agencies can Activate the form for training purposes ONLY and Inactivate the form once done until the official transition is complete.

Expectations of EMS Agencies

- Review the new two data policies published by OEMST and confirm your EMS agency is compliant with these two policies (available on DPH EMS Website).
- EMS Agencies are **responsible** for educating their medics on the updated ePCR documentation including data element and value changes, new validation rules, current documentation issues, etc.)
- EMS Agencies are **responsible** to complete all the transition preparation steps as soon as possible.
- Use the recommended checklists and other transition materials created to assist with transition (available on DPH EMS Website).
- Communicate with OEMST about your agency's transition plan or any other changes.
 - OEMST will start transitioning EMS Agencies using GEMSIS Elite beginning of July.

Where to Find All Resources for v3.5

GA EMS Website: <https://dph.georgia.gov/EMS>

Emergency Medical Services

Georgia NEMSIS v3.5 Data Transition

The Georgia Office of EMS and Trauma has developed some resource documents that will assist EMS Agencies and Personnel with the NEMSIS v3.5 transition. Please visit the **GEMSIS** page for more information.



Emergency Medical Services

Public Notices, Regional and Statewide Meetings

License Management System

EMS Licensure & Verification (Agency, Personnel, Instructor)

EMS Initial/Continuing Education

OEMST Webinar Updates

EMS Policies, Rules and Regulations

Protocols and Scope of Practice

Post-Licensure Skills (PLS) for Paramedics

EMS Data (GEMSIS Elite, Biospatial)

GEMSIS Elite Trainings

Forms and Related Documents

State EMS Office Directory

Regional EMS Systems

EMS Policies, Rules and

Georgia Emergency Medical Services Information System (GEMSIS)

The Georgia Department of Public Health [Mandatory Reporting Requirements for EMS Agencies and Medics Rules and Regulations](#). All Georgia licensed EMS agencies (ground ambulance services, neonatal transport services, air ambulance services, and medical first responder services) must report EMS data using GEMSIS Elite v3.4.0 or any other NEMSIS-approved ePCR vendor software in order to be compliant.

Georgia will begin transitioning all EMS Agencies to NEMSIS version 3.5.0 beginning on **August 1, 2023**. Prior to transition, all ePCR vendors must complete and pass the GEMSIS Elite Validation (Compatibility) Process. Additional information will be provided to all EMS Agencies and ePCR vendors as we move further with the transition.

All licensed EMS Agencies must transition to NEMSIS v3.5 by **November 1, 2023**, at which time v3.4 data will no longer be accepted by Georgia. Please visit the tab below labeled "Georgia NEMSIS v3.5 Data Transition" for the most up-to-date transition information.

EMS Data Request

To submit an Open Records Request or PHIP Data Request, please use the JUSTFOIA Portal <https://gadph.justfoia.com/publicportal/home>.

For any questions, please contact us at gemsis@dph.ga.gov.

Georgia NEMSIS v3.5 Data Transition

Electronic Patient Care Report (ePCR) Submission Requirements/Frequently Asked Questions





Georgia Emergency Medical Services Information System (GEMSIS)

Georgia NEMSIS v3.5 Data Transition



List of NEMSIS v3.5 resources that are available for our EMS Agencies, Medics and ePCR Vendors. We will update this section on a frequent basis to assist with the transition.

Resources for EMS Agencies

-  [Georgia Timeline for NEMSIS 3.5 Data Transition](#)
- [NEMSIS Website](#)
- [Georgia NEMSIS Page](#)
- [NEMSIS List of v3.5 Resources](#)
- [v3.5 Key Changes Flyer](#)
- [Why Move to v3.5?](#)
- [EMS Data Compliance and ePCR Vendor Compliance Policies](#)
- [NEMSIS v3.4.0 to v3.5.0 Value Changes](#) - A NEMSIS spreadsheet comparing the differences in values between v3.4.0 and v3.5.0, with an additional tab displaying the new v3.5.0 elements with code list values.
- [NEMSIS v3.4.0 to v3.5.0 Translation](#) - A NEMSIS Word document translating datasets, elements and values.
- [Defined Lists and Other Resources](#) - NEMSIS Defined Lists in an XLS format.
-  [Checklist for ImageTrend 3rd Party ePCR System](#) - EMS agencies using own purchased ImageTrend System
-  [Checklist for GEMSIS Elite ePCR System](#) - EMS agencies using State GEMSIS Elite System
-  [Checklist for 3rd Party ePCR Vendor System](#) - EMS agencies using 3rd party ePCR Vendor System

v3.5 Checklist Recommendations

CHECKLIST: NEMSIS 3.5 TRANSITION FOR EMS AGENCIES USING A 3rd PARTY

ePCR VENDOR SOFTWARE SYSTEM

Pre-Planning Steps

- Confirm the correct Data Manager(s) and Authorized Agent(s) are listed in your EMS agency License in LMS with their correct email address to receive all communication via email.
- Notify Dipti Patel immediately if the agency is planning to change ePCR software systems.
- Review the NEMSIS v3.4.0 to v3.5.0 Value Changes and Translation documents to understand the upcoming changes (available on [DPH EMS Website](#)).
- Review Georgia Timeline for NEMSIS 3.5 Data Transition (available on [DPH EMS Website](#)).
- Confirm if the ePCR vendor you are currently using is Georgia approved ePCR vendor for NEMSIS v3.5 (list available on [DPH EMS Website](#)). The list will be posted on our website as ePCR vendors get approved for NEMSIS v3.5.
 - **Note: If your current ePCR vendor is not Georgia approved by the time your agency needs to transition to NEMSIS v3.5, you will have to either switch ePCR vendors or use the state Department system for ePCR documentation.**
- Review the new two data policies published by OEMST and confirm your EMS agency is compliant with these two policies (available on [DPH EMS Website](#))
- Attend all training sessions hosted by OEMST.




Transition Preparation

- Confirm all licensed medics are rostered in GEMSIS Elite with properly formatted Georgia license numbers and provider level in the ePCR software system as per the Data Compliance and Reporting policy.
- Confirm all licensed EMS and Fire vehicles are entered correctly in the system as per the Data Compliance and Reporting policy.
- Confirm your current ePCR vendor is familiar with the new ePCR Vendor Compliance Policy.
 - Ensure they have met all the requirements as listed in the ePCR Vendor Compliance Policy.
 - Confirm your current ePCR vendor has completed and successfully passed the ePCR Compliance Testing.
- Confirm with your ePCR vendor on the transition timeline.
- Communicate with OEMST about your EMS Agency's transition timeline to v3.5

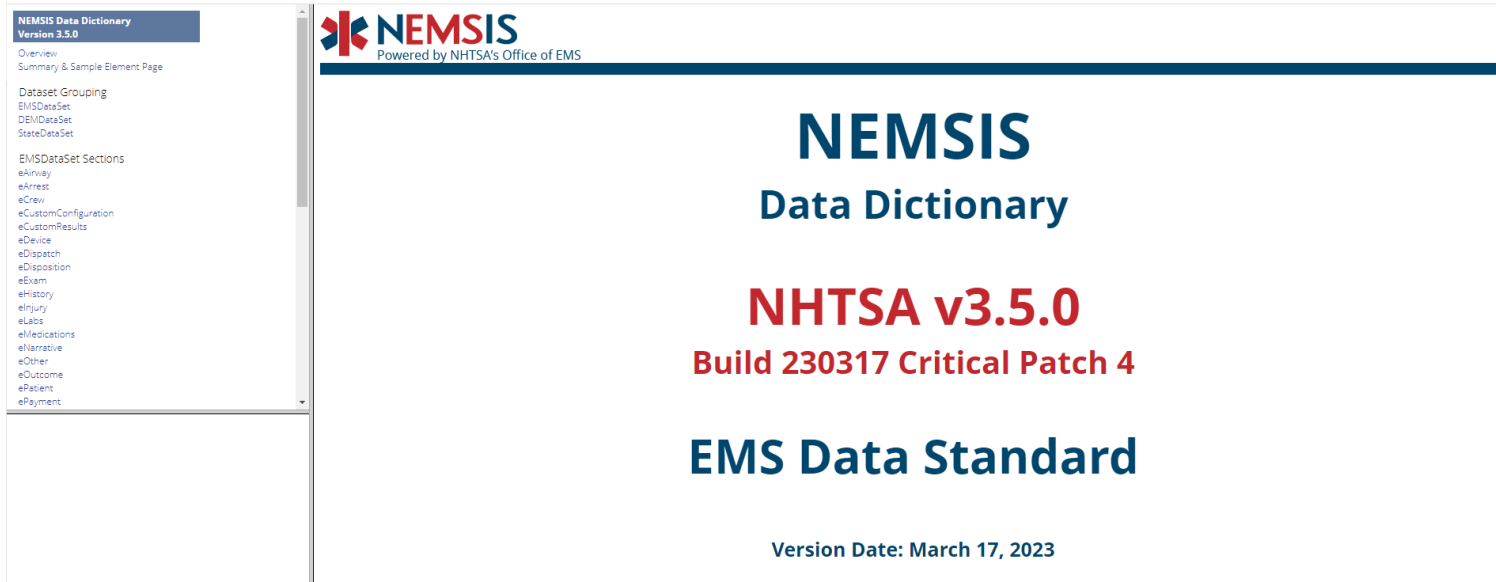
NEMESIS Resources

www.nemesis.org

The screenshot shows the NEMESIS website header with the logo, navigation menu, and social media icons. Below the header is a search bar and a red button to subscribe to the NEMESIS Google Group. The main banner features a red and blue background with the text 'Non-Fatal Opioid Overdose Tracker Now Available' and a 'Click Here' link. A small inset image shows a screenshot of the Non-Fatal Opioid Overdose Surveillance Dashboard, which includes a map of the United States and various data tables.

 <p>STATE DATA MANAGERS</p> <p>Retrieve state data maps, software compliance information, and state reports.</p>	 <p>AGENCIES & CLINICIANS</p> <p>Review data to identify ways to improve care at the local agency level.</p>	 <p>RESEARCHERS</p> <p>Request the nation's largest publicly-available EMS dataset for analysis.</p>
 <p>SOFTWARE DEVELOPERS</p> <p>Follow the standard to implement new ePCR software products for local and state EMS systems.</p>	 <p>EMS EDUCATORS</p> <p>Promote the importance of data quality and performance evaluation through accurate documentation.</p>	 <p>GENERAL PUBLIC</p> <p>Discover how EMS data can improve patient care nationwide.</p>

NEMSIS Resources



The screenshot shows the NEMSIS Data Dictionary web application. On the left is a navigation sidebar with the following menu items: Overview, Summary & Sample Element Page, Dataset Grouping, EMSDataSet, DEMDataSet, StateDataSet, EMSDataSet Sections, eAirway, eArrest, eCrew, eCustomConfiguration, eCustomResults, eDevice, eDispatch, eDisposition, eExam, eHistory, eInjury, eLABS, eMedications, eNarrative, eOther, eOutcome, ePatient, and ePayment. The main content area features the NEMSIS logo at the top left, followed by the text "Powered by NHTSA's Office of EMS". The central text reads: "NEMSIS Data Dictionary", "NHTSA v3.5.0", "Build 230317 Critical Patch 4", "EMS Data Standard", and "Version Date: March 17, 2023".



EXTENDED DATA DEFINITIONS

NEMSIS Version 3.5.0

This document represents the continued effort of defining field values which started with NEMSIS v2.2.1.

The NASEMSO Data Managers Council (DMC) and the NEMSIS Technical Assistance Center (TAC) are confident that this document will support the development, standardization, and improvement of state, territory and national EMS data systems.

How to find the Data Dictionary

1 – Go to www.nemsis.org

The screenshot shows the NEMSYS website interface. At the top, the browser address bar displays <https://nemsis.org>. The website header includes the NEMSYS logo and the text "Powered by NHTSA's Office of EMS". A navigation bar contains several menu items: "WHAT IS NEMSYS", "USING EMS DATA", "VIEW REPORTS", "CALLS AND TRAININGS", "TECHNICAL RESOURCES", and "STAFF". The "TECHNICAL RESOURCES" menu item is highlighted with a red background and has a dropdown menu open. The dropdown menu lists various resources, including "COMPLIANCE", "DATA DICTIONARIES & XSD", "FREQUENTLY ASKED QUESTIONS", "NATIONAL REQUISITE ELEMENTS", "RESOURCE REPOSITORY", "ARCHIVE", "WEB SERVICES", "V2 DATASET DICTIONARIES", "COMPLIANT SOFTWARE TESTING STATUS", "MAPPING/TRANSLATION", "NATIONAL CUSTOM ELEMENT LIBRARY", "RESOURCES", "EMS AGENCY SERVICE AREA BUILDER", "SCHEMATRON", "GUIDES & USAGE", and "FORUM".

2 – hover over
Technical
Resources

3 – Click on Data
Dictionaries & XSD

NEMESIS Data Dictionary



[WHAT IS NEMESIS](#) [USING EMS DATA](#) [VIEW REPORTS](#) [CALLS AND TRAININGS](#) [TECHNICAL RESOURCES](#) [SUPPORT](#)

V3 DATA DICTIONARIES & XSD

[NEMESIS](#) > [Technical Resources](#) > [Version 3](#) > [V3 Data Dictionaries & XSD](#)

VERSION 3 DATA DICTIONARIES & XSD

The NEMESIS/NHTSA Version 3 Dataset provide 596 data elements that can be implemented by an EMS system. National data elements are defined as those that should be collected for the National EMS Database, but additional data elements should be considered for use at the state and local levels depending on each state or local EMS system's need.

NEMESIS VERSION 3.5.0.230317CP4

Data Dictionary (v3.5.0):

[EMS/DEM/State Data Dictionary \(pdf\)](#)

[EMS/DEM/State Data Dictionary \(web\)](#)

[National Elements Only Data Dictionary \(pdf\)](#)

[Extended Data Definitions \(pdf\)](#)

[v3.5.0 Change Log \(pdf\)](#)

Data Dictionary – Sample

State		National	
eMedications.03 - Medication Administered			
Definition			
The medication administered to the patient.			
National Element	Yes	Pertinent Negatives (PN)	Yes
State Element	Yes	NOT Values	Yes
Version 2 Element	E18_03	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1
Associated Performance Measure Initiatives			
Airway	Cardiac Arrest	Pediatric	STEMI Stroke Trauma
Attributes			
NOT Values (NV)			
7701001 - Not Applicable	7701003 - Not Recorded		
Pertinent Negatives (PN)			
8801001 - Contraindication Noted	8801003 - Denied By Order	8801007 - Medication Allergy	
8801009 - Medication Already Taken	8801019 - Refused	8801023 - Unable to Complete	
8801027 - Order Criteria Not Met			
Code Type			
9924003 - RxNorm	9924005 - SNOMED-CT		
Constraints			
Data Type	minLength	maxLength	
string	2	9	
Data Element Comment			
List of medications based on RxNorm (RXCUI) code and SNOMED-CT codes for blood products.			
Reference the NEMESIS Suggested Lists at: https://nemsis.org/technical-resources/version-3/version-3-resources/			
RxNorm			
Website - http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html			
Product - RxNorm Full Monthly Release			
SNOMED-CT			
Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html			
Product: Product - UMLS Metathesaurus.			

← Element # & Name

← Definition of Field

← Not Values & Pertinent Negative(s)

← Pick List Options

← Data Clarification Comment

Data Dictionary - Sample

State		National	
eDisposition.19 - Final Patient Acuity			
Definition			
The acuity of the patient's condition after EMS care.			
National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E20_15	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1
Associated Performance Measure Initiatives			
Airway	Cardiac Arrest	Pediatric	Trauma
Attributes			
NOT Values (NV)			
7701001 - Not Applicable	7701003 - Not Recorded		
Code List			
Code	Description		
4219001	Critical (Red)		
4219003	Emergent (Yellow)		
4219005	Lower Acuity (Green)		
4219007	Dead without Resuscitation Efforts (Black)		
4219009	Dead with Resuscitation Efforts (Black)		
4219011	Non-Acute/Routine		
Data Element Comment			
Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf			
Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.			
"Non-Acute/Routine" added for use with patients with no clinical issues-such as a refusal for a life assist-or for routine transfers. "Dead with Resuscitation Efforts (Black)" added for EMS units that arrived and provided resuscitation to a critical patient, but who was deceased at the end of the event (such as in a cardiac arrest).			
Version 3 Changes Implemented			
With the release of v3.5.0 additional values were added to meet the needs of EMS.			

← Element # & Name

← Definition of Field

← Not Values & Pertinent Negative(s)

← Pick List Options

← Data Clarification Comment

Data Dictionary – Data Element Comment

eResponse.05 - Type of Service Requested

Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event.

Code List

Code	Description
2205001	Emergency Response (Primary Response Area)
2205003	Emergency Response (Intercept)
2205009	Emergency Response (Mutual Aid)
2205005	Hospital-to-Hospital Transfer
2205015	Hospital to Non-Hospital Facility Transfer
2205017	Non-Hospital Facility to Non-Hospital Facility Transfer
2205019	Non-Hospital Facility to Hospital Transfer
2205007	Other Routine Medical Transport
2205011	Public Assistance
2205013	Standby
2205021	Support Services
2205023	Non-Patient Care Rescue/Extrication
2205025	Crew Transport Only
2205027	Transport of Organs or Body Parts
2205029	Mortuary Services
2205031	Mobile Integrated Health Care Encounter
2205033	Evaluation for Special Referral/Intake Programs
2205035	Administrative Operations

Data Element Comment

Values for "911 Response (Scene)", "Intercept", and "Mutual Aid" have been relabeled to start with "Emergency Response" to more easily identify these options. "Interfacility Transport" was relabeled to "Hospital-to-Hospital Transfer" to be more accurate; options for "Sending Hospital Staff" and "Critical or Specialty Care" were added to better track resource utilization at local and state levels and support reimbursement levels. "Medical Transport" was relabeled to "Other Medical Needs Transport" to cover any other medical transports such as transports to and from dialysis, doctor appointments, return home, or nursing homes. Values added to consolidate types of service previously captured in "Primary Role of Unit" and eDisposition.12 as found in V3.4.0. Additional values added to reflect emerging service types.

Not Values (NV)

Not Values: Are used when the data element has no real value or is unknown.

- **Not Applicable:** The data element is not applicable or pertinent to the EMS event, assessment or, intervention. **This value should be available to the data-entry user (medic).**
- **Not Recorded:** The data element is considered applicable to the EMS event, but was left blank by the data-entry user. The EMS software should auto-populate blank fields with "Not Recorded" at the time of export. **This value should not be available to the data-entry user (medic).**

Not Values (NV)

Example:

Medication Administration Time

Date/Time Medication Administered:

Medication Administered Prior to this Units EMS Care:

Provider's Secondary Impressions

Primary and Secondary Impression are EMS personnel's impression of the patient's primary/secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Provider's Primary Impression:

Provider's Secondary Impressions - list all that apply:

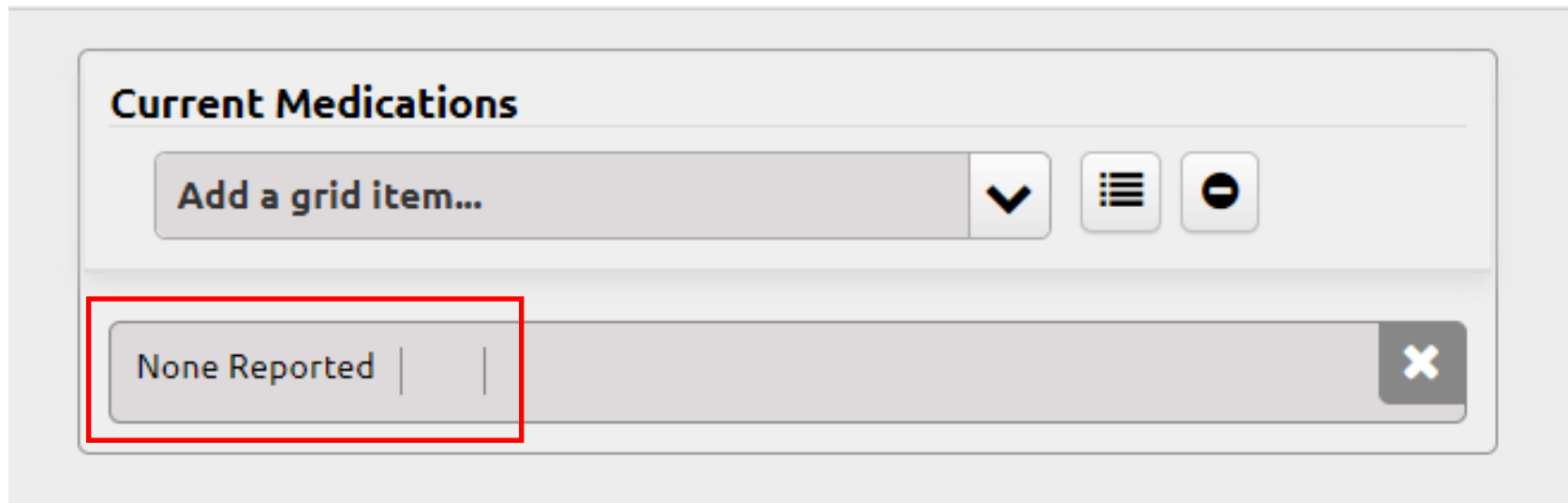
Pertinent Negatives (PN)

- Not all data elements accept Pertinent Negative Values.
- Pertinent Negative Values are documented as "an attribute" of an element. It allows the documentation of pertinent negative value in addition to the documentation of a "real" value.
- **Pertinent Negatives** are used to document why the Medic did not perform a procedure, select an option for the field, etc.
- Examples of Pertinent Negatives:
Refused, None Reported, Unable to Complete, Unresponsive, Contraindicated, etc.

Pertinent Negatives (PN)

Example – Medication History:

- Patient is not currently taking any medications.



The screenshot shows a web interface for 'Current Medications'. At the top, the title 'Current Medications' is displayed. Below it is a search bar containing the text 'Add a grid item...'. To the right of the search bar are three icons: a downward-pointing chevron, a list icon, and a circular icon with a horizontal line. Below the search bar is a grid area. The first cell of the grid contains the text 'None Reported' followed by two vertical lines. The entire grid area is enclosed in a light gray border with a close button (an 'X' icon) in the top right corner. A red rectangular box highlights the 'None Reported' text.

Pertinent Negatives (PN)

Example: Patient First and/or Last Name

- You are unable to obtain the patient's name due to:
 - Patient refuses to give you his/her name
 - Patient is unresponsive and you have no identification

Last Name:

Refused



First Name:

Unable to Complete



NEMESIS v3.5 Transition Overview

Data Element Changes

Changes from v3.4.0 to v3.5.0

<i>Overall Changes</i>	<i>New</i>	<i>Updated</i>	<i>Removed</i>
<i>Total</i>	73	100	58
<i>EMS Elements</i>	26	80	10
<i>DEM Elements</i>	0	20	4
<i>StateDataSet Elements</i>	47	0	44

<i>Changes in National Elements</i>	<i>v3.4.0</i>	<i>v3.5.0</i>
<i>Total (excluding SDS, eOutcome)</i>	165	155
<i>Mandatory</i>	37	32
<i>Required</i>	128	123

Data Element Change Types

Element Name/Number	Changes	Revision Summary
Cardiac Arrest – eArrest.01	Updated	Element and Code description modified to align with CARES
Tube Depth - eAirway.05	Updated	Changed to allow values as small as 4.0
Who First Initiated CPR – eArrest.20	New	New element added to align with CARES
Lung Assessment Finding Location – eExam.22	New	New element added to better document lung assessment
CPR Care Provided Prior to EMS Arrival – eArrest.05	Removed	Element removed to align with CARES

v3.5 New Elements Added (11) - Required

Element Number	Element Name	National	State
eDisposition.27	Unit Disposition	National	State
eSituation.20	Reason for Interfacility Transfer/Medical Transport	National	State
eArrest.20	Who First Initiated CPR	National	State
eArrest.21	Who First Applied the AED	National	State
eArrest.22	Who First Defibrillated the Patient	National	State
eDisposition.28	Patient Evaluation/Care	National	State
eDisposition.29	Crew Disposition	National	State
eDisposition.30	Transport Disposition	National	State
eDisposition.31	Reason for Refusal/Release		
eDisposition.32	Level of Care Provided per Protocol	National	State
eSituation.19	Justification for Transfer or Encounter		State

v3.5 Additional New Elements (11) - Optional

Element Number	Element Name	Usage
ePatient.22	Alternate Home Residence	Optional
eTimes.17	Unit Arrived at Staging Area Date/Time	Optional
ePayment.59	Insurance Company Phone Number	Optional
ePayment.60	Date of Birth of the Insured	Optional
eArrest.10	Therapeutic Hypothermia by EMS	Optional
eHistory.20	Current Medication Frequency	Optional
eExam.22	Lung Assessment Finding Location	Optional
eExam.23	Lung Assessment	Optional
eExam.24	Chest Assessment Finding Location	Optional
eExam.25	Chest Assessment	Optional
eScene.24	First Other EMS or Public Safety Agency at Scene to Provide Patient Care	Optional

New Data Fields added to EMS Form

- All current and NEW (optional and required) v3.5 data elements available in the NEMESIS data dictionary have been added to the State EMS ePCR form and Print Report.
- EMS Agencies will be responsible to add all the new optional and required fields on your custom ePCR form and print report regardless of which ePCR software system you use.

Additional Fields Added to EMS Form

- Also added additional data elements to **current and v3.5** ePCR form and Print Report.
 - Stoke Scale Severity Score (itVitals.096)
 - Patient Identification Number (MRN #) and Patient Identification Number (Armband #)
 - External Report Id, Number Type (eOutcome.03)
 - External Report ID/Number (eOutcome.04)
 - Another Provider on scene (non-EMS) (supplemental question)
 - Telehealth/Nurse Navigator, etc. programs
 - Alternative Disposition Offer and Result (et3Disposition.01)

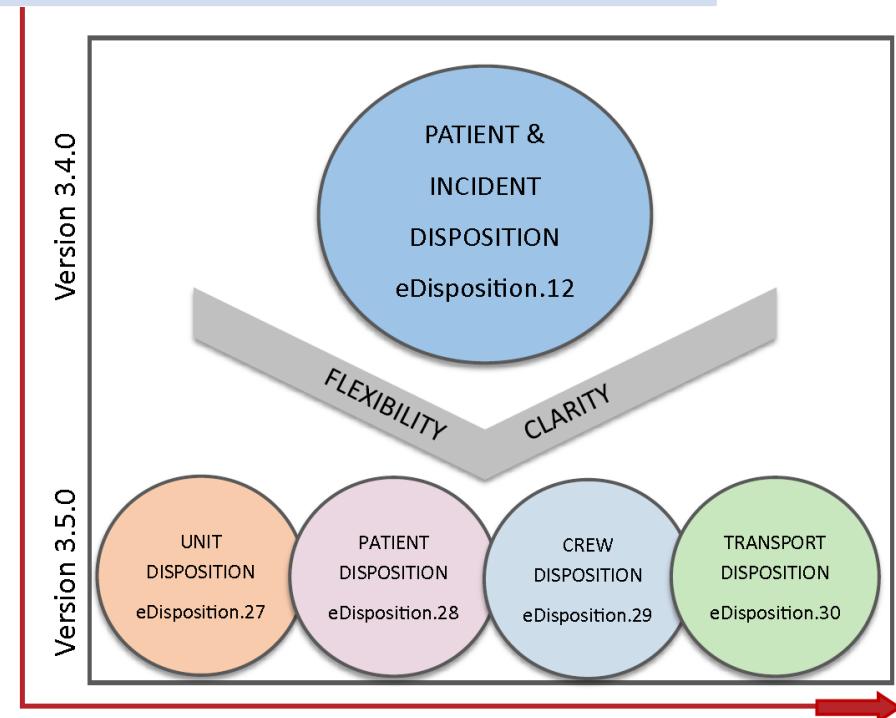
Data Element Additions

Element Name/Number	Changes	Summary of Revision
Incident/Patient Disposition – eDisposition.12	Removed	Split into 5 elements: eDisposition.27, eDisposition.28, eDisposition.29, eDisposition.30, eDisposition.31
Unit Disposition – eDisposition.27	Added	
Patient Evaluation/Care – eDisposition.28	Added	
Crew Disposition – eDisposition.29	Added	
Transport Disposition – eDisposition.30	Added	
Reason for Refusal/Release – eDisposition.31	Added	

eDisposition changes

v3.5 Disposition of Incident -> 5 data fields (eDisposition.27 – eDisposition.31) contains multiple options to document what happened during the incident. Will allow for better understanding of each response and outcome of the response.

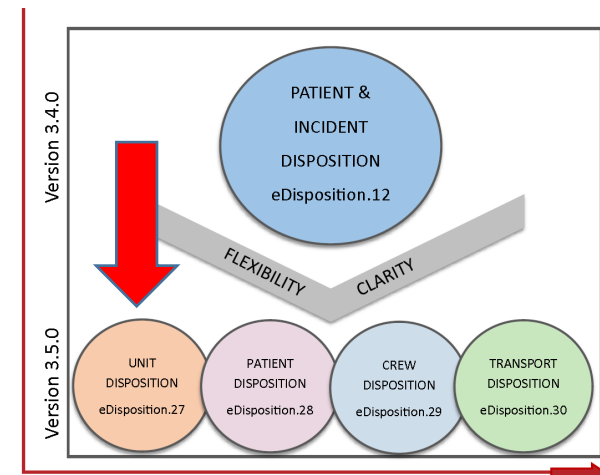
- Data element is broken down into multiple elements with fewer codes
- Less opportunity for data entry errors
- Increased data accuracy



Unit Disposition (eDisposition.27)

The patient disposition for an EMS event identifying whether patient contact was made.

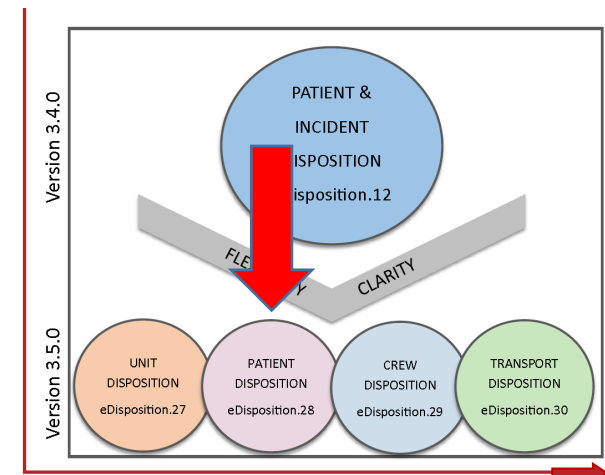
- Patient Contact Made
- Cancelled on Scene
- Cancelled Prior to Arrival at Scene
- No Patient Contact
- No Patient Found
- Non-Patient Incident (Not Otherwise Listed)



Patient Evaluation/Care (eDisposition.28)

The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided.

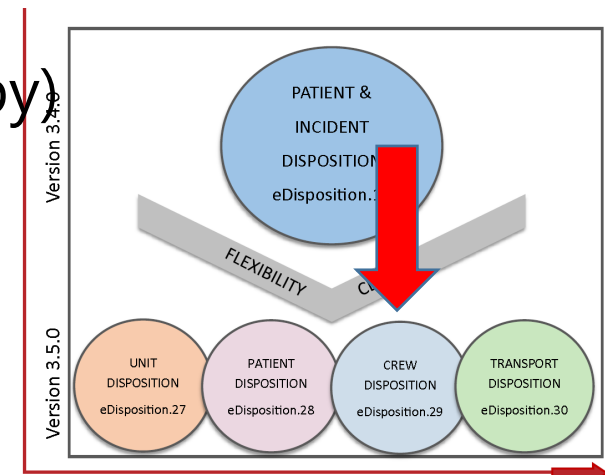
- Patient Evaluated and Care Provided
- Patient Evaluated and Refused Care
- Patient Evaluated, No Care Required
- Patient Refused Evaluation/Care
- Patient Support Services Provided



Crew Disposition (eDisposition.29)

The crew disposition for this EMS event identifying which crew provided primary patient care or whether support services were required.

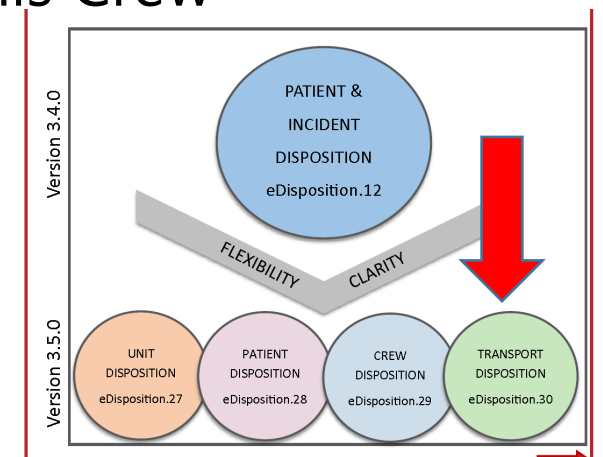
- Initiated and Continued Primary Care
- Initiated Primary Care and Transferred to Another EMS Crew
- Provided Care Supporting Primary EMS Crew
- Assumed Primary Care from Another EMS Crew
- Incident Support Services Provided (Including Standby)
- Back in Service, No Care/Support Services Required
- Back in Service, Care/Support Services Refused



Transport Disposition (eDisposition.30)

The transport disposition for an EMS event identifying whether a transport occurred and by which unit.

- Transport by This EMS Unit (This Crew Only)
- Transport by This EMS Unit, with a Member of Another Crew
- Transport by Another EMS Unit
- Transport by Another EMS Unit, with a Member of This Crew
- Patient Refused Transport
- Non-Patient Transport (Not Otherwise Listed)
- No Transport



Reason for Refusal/Release (eDisposition.31)

Describes reason(s) for the patient's refusal of care/transport OR the EMS clinician's decision to release the patient.

- Against Medical Advice
- Patient/Guardian Indicates Ambulance Transport is Not Necessary
- Released Following Protocol Guidelines
- Released to Law Enforcement
- Patient/Guardian States Intent to Transport by Other Means
- DNR
- Medical/Physician Orders for Life Sustaining Treatment
- Other, Not Listed

Level of Care Provided per Protocol (eDisposition.32)

The general level of care provided to this patient as defined per provider level in local EMS protocols or clinical guidelines.

- BLS - All Levels
- ALS - AEMT/Intermediate
- ALS - Paramedic
- EMS and Other Health-Care Staff
- Critical Care
- Integrated Health Care
- No Care Provided

The level of care should be defined by the situation, medications, and procedures provided to the patient based on what is allowed in the local EMS protocols. **This is not a reflection of the provider levels providing care, but the actual care given- for example, BLS care provided by a paramedic would be entered as "BLS".** This element benefits reviews of performance, resource demand and utilization, and reimbursement coding.

Patient Contact with Transport

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Care Provided



Crew Disposition (eDisposition.29)

- Initiated and Continued Primary Care



Transport Decision (eDisposition.30)

- Transport by This EMS Unit (This Crew Only)



Final Patient Acuity (eDisposition.19)

- Select the most appropriate choice



Level of Care Provided Per Protocol (eDisposition.32)

- Select the most appropriate choice

Patient Contact / Patient Refusal

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Select the most appropriate choice



Crew Disposition (eDisposition.29)

- Select the most appropriate choice



Transport Decision (eDisposition.30)

- Select the most appropriate choice



Reason for Refusal/Release (eDisposition.31)

- Select the most appropriate choice



Final Patient Acuity (eDisposition.19)

- Select the most appropriate choice



Level of Care Provided per Protocol (eDisposition.32)

- Select the most appropriate choice

Cardiac Arrest/DOA with No Resuscitation

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated, No Care Required



Crew Disposition (eDisposition.29)

- Back in Service, No Care/Support Service Required



Transport Decision (eDisposition.30)

- No Transport



Reason for Refusal/Release (eDisposition.31)

- Released Following Protocol Guideline



Final Patient Acuity (eDisposition.19)

- Dead without Resuscitation Efforts (Black)



Level of Care Provided Per Protocol (eDisposition.32)

- No Care Provided

Cardiac Arrest/DOA with Resuscitation, No Transport

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Care Provided



Crew Disposition (eDisposition.29)

- Select the most appropriate choice



Transport Decision (eDisposition.30)

- No Transport



Reason for Refusal/Release (eDisposition.31)

- Released Following Protocol Guideline



Final Patient Acuity (eDisposition.19)

- Dead with Resuscitation Efforts (Black)



Level of Care Provided Per Protocol (eDisposition.32)

- Select the most appropriate choice

Public Assist (Including Standby)

Unit Disposition (eDisposition.27)

- No Patient Contact or Non-Patient Incident (Not Otherwise Listed)



Patient Evaluation/Care (eDisposition.28)

- Not applicable or Patient Support Services Provided



Crew Disposition (eDisposition.29)

- Incident Support Services Provided (Including Standby) or Back in Service, No Care/Support Services Required



Transport Decision (eDisposition.30)

- Not Applicable/Not Required



Final Patient Acuity (eDisposition.19)

- Not Applicable/Not Required



Level of Care Provided Per Protocol (eDisposition.32)

- No Care Provided or Not Applicable

Who First Initiated CPR (eArrest.20)

Definition: Who first initiated CPR for this EMS event.

Pick List Options:

- Bystander
- Family Member
- Healthcare Provider (non-911 Responder)
- First Responder (EMS)
- First Responder (Law Enforcement)
- First Responder (non-EMS Fire)
- EMS Responder (transport EMS)

* This was a GA custom element in v3.4 that has now become a national element.

Data Element Comment

Bystanders are defined as persons who are not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation. Friends and acquaintances are considered bystanders.

Family members are defined as the patient's relatives.

Healthcare Provider (non-911 Responder) includes physicians, nurses, paramedics, and other types of healthcare professionals who are not part of the organized emergency response system.

First Responders are defined as personnel who are dispatched through the 911 system, respond as part of an organized emergency response system, and have the capability and/or training to provide emergency medical care, but are not the designated transporters of the patient.

First Responder (EMS) is defined as EMS personnel who are part of an EMS response agency, respond as part of an organized emergency response system, but are not the designated transporter of the patient. For example, First Responder (EMS) includes EMS personnel who arrive by quick response EMS units, fire apparatus that is part of an EMS response agency, and supervisor/administrative vehicles operated by the transport EMS agency.

First Responder (Law Enforcement) is defined as public safety officers who are not part of an EMS response agency and act in an organized, official capacity to enforce the law.

First Responder (non-EMS Fire) is defined as fire department personnel who are not part of an EMS response agency and are not the designated transporter of the patient.

EMS Responder (transport) is defined as EMS personnel who are the designated transporter of the patient.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.20 is the equivalent of CARES data element #23 Who Initiated CPR as defined by CARES in the CARES 2019 Data Dictionary: [https://mycares.net/sitepages/uploads/2019/Data%20Dictionary%20\(2019\).pdf](https://mycares.net/sitepages/uploads/2019/Data%20Dictionary%20(2019).pdf).

Who First Applied the AED (eArrest.21)

Definition: Documentation of who first applied the AED for this EMS event.

Pick List Options:

- Bystander
- Family Member
- Healthcare Provider (non-911 Responder)
- First Responder (EMS)
- First Responder (Law Enforcement)
- First Responder (non-EMS Fire)
- EMS Responder (transport EMS)

* This was a GA custom element in v3.4 that has now become a national element.

Data Element Comment

Bystanders are defined as persons who are not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as preforming bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation. Friends and acquaintances are considered bystanders.

Family members are defined as the patient's relatives.

Healthcare Provider (non-911 Responder) includes physicians, nurses, paramedics, and other types of healthcare professionals who are not part of the organized emergency response system.

First Responders are defined as personnel who are dispatched through the 911 system, respond as part of an organized emergency response system, and have the capability and/or training to provide emergency medical care, but are not the designated transporters of the patient.

First Responder (EMS) is defined as EMS personnel who are part of an EMS response agency, respond as part of an organized emergency response system, but are not the designated transporter of the patient. For example, First Responder (EMS) includes EMS personnel who arrive by quick response EMS units, fire apparatus that is part of an EMS response agency, and supervisor/administrative vehicles operated by the transport EMS agency.

First Responder (Law Enforcement) is defined as public safety officers who are not part of an EMS response agency and act in an organized, official capacity to enforce the law.

First Responder (non-EMS Fire) is defined as fire department personnel who are not part of an EMS response agency and are not the designated transporter of the patient.

EMS Responder (transport) is defined as EMS personnel who are the designated transporter of the patient.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.21 is the equivalent of CARES data element #27 Who First Applied the AED as defined by CARES in the CARES 2019 Data Dictionary: [https://mycares.net/sitepages/uploads/2019/Data%20Dictionary%20\(2019\).pdf](https://mycares.net/sitepages/uploads/2019/Data%20Dictionary%20(2019).pdf).

Who First Defibrillated the Patient (eArrest.22)

Definition: Documentation of who first defibrillated the patient.

Pick List Options:

- Bystander
- Family Member
- Healthcare Provider (non-911 Responder)
- First Responder (EMS)
- First Responder (Law Enforcement)
- First Responder (non-EMS Fire)
- EMS Responder (transport EMS)

* This was a GA custom element in v3.4 that has now become a national element.

Data Element Comment

Bystanders are defined as persons who are not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation. Friends and acquaintances are considered bystanders.

Family members are defined as the patient's relatives.

Healthcare Provider (non-911 Responder) includes physicians, nurses, paramedics, and other types of healthcare professionals who are not part of the organized emergency response system.

First Responders are defined as personnel who are dispatched through the 911 system, respond as part of an organized emergency response system, and have the capability and/or training to provide emergency medical care, but are not the designated transporters of the patient.

First Responder (EMS) is defined as EMS personnel who are part of an EMS response agency, respond as part of an organized emergency response system, but are not the designated transporter of the patient. For example, First Responder (EMS) includes EMS personnel who arrive by quick response EMS units, fire apparatus that is part of an EMS response agency, and supervisor/administrative vehicles operated by the transport EMS agency.

First Responder (Law Enforcement) is defined as public safety officers who are not part of an EMS response agency and act in an organized, official capacity to enforce the law.

First Responder (non-EMS Fire) is defined as fire department personnel who are not part of an EMS response agency and are not the designated transporter of the patient.

EMS Responder (transport) is defined as EMS personnel who are the designated transporter of the patient.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.22 is the equivalent of CARES data element #28 Who First Defibrillated the Patient as defined by CARES in the CARES 2019 Data Dictionary: [https://mycares.net/sitepages/uploads/2019/Data%20Dictionary%20\(2019\).pdf](https://mycares.net/sitepages/uploads/2019/Data%20Dictionary%20(2019).pdf).

Justification for Transfer or Encounter (eSituation.19)

Definition: The ordering physician or medical provider diagnosis or stated reason for a **hospital-to-hospital transfer, other medical transport, or Mobile Integrated Healthcare** encounter.

Free Text Field (1-255 characters)

Data Element Comment

This is the diagnosis or reason for transfer, or medical transport or Integrated Healthcare Encounter provided by the ordering physician or medical provider. Hospital-to-hospital transfers and medical transports are based on the ordering medical provider, and not the EMS provider's impression. The text of the reason or diagnosis would be entered here rather than using the patient complaint field (as the patient may still have complaints to document), eSituation.11 Provider's Primary Impression or eSituation.12 Provider's Secondary Impressions.

This element should only be documented when eResponse.05 Type of Service Requested is Hospital-to-Hospital Transfer, Hospital-to-Hospital Transfer (with Sending Hospital Staff), Hospital-to-Hospital Transfer (Critical or Specialty Care), Other Medical Needs Transport, Mobile Integrated Health Care Evaluation or Visit. A new national Schematron rule exists for this with v3.5.0.

Reason for Interfacility Transfer/Medical Transport (eSituation.20)

Definition: The general categories of the reason for an **interfacility transfer/other medical transport**.

Data Element Comment:

This supports and works in combination with eSituation.19 Justification for Transfer or Encounter to provide defined categories for an interfacility transfer or other medical transport. This documentation provides support for reimbursement and a means for regions and states to evaluate transfer patterns and types.

Pick List Options:

- Cardiac Specialty
- Convenience Transfer (Patient Request)
- Diagnostic Testing
- Dialysis
- Drug and/or Alcohol Rehabilitation Care
- Extended Care
- Maternal/Neonatal
- Medical Specialty Care (Other, Not Listed)
- Neurological Specialty Care
- Palliative/Hospice Care (Home or Facility)
- Pediatric Specialty Care
- Psychiatric/Behavioral Care
- Physical Rehabilitation Care
- Return to Home/Residence
- Surgical Specialty Care (Other, Not Listed)
- Trauma/Orthopedic Specialty Care

Current Fields (elements) with Confusion/Changes

Type of Service Requested (eResponse.05)


- Emergency Response (Primary Response Area) (911 Response Scene)
- Emergency Response (Intercept)
- Emergency Response (Mutual Aid)
- Hospital-to-Hospital Transfer
- Hospital to Non-Hospital Facility Transfer
- Non-Hospital Facility to Non-Hospital Facility Transfer
- Non-Hospital Facility to Hospital Transfer
- Other Routine Medical Transport
- Public Assistance
- Standby
- Support Services
- Non-Patient Care Rescue/Extrication
- Crew Transport Only
- Transport of Organs or Body Parts
- Mortuary Services
- Mobile Integrated Health Care Encounter
- Evaluation for Special Referral/Intake Programs
- Administrative Operations

Data Element Comment

Values for "911 Response (Scene)", "Intercept", and "Mutual Aid" have been relabeled to start with "Emergency Response" to more easily identify these options. "Interfacility Transport" was relabeled to "Hospital-to-Hospital Transfer" to be more accurate; options for "Sending Hospital Staff" and "Critical or Specialty Care" were added to better track resource utilization at local and state levels and support reimbursement levels. "Medical Transport" was relabeled to "Other Medical Needs Transport" to cover any other medical transports such as transports to and from dialysis, doctor appointments, return home, or nursing homes. Values added to consolidate types of service previously captured in "Primary Role of Unit" and eDisposition.12 as found in V3.4.0. Additional values added to reflect emerging service types.

Type of Destination (eDisposition.21)

The type of destination the patient was delivered or transferred to.

- Home
- Hospital-Emergency Department (Triage, waiting room, or bed in the ED)
- Hospital-Non-Emergency Department Bed  Hospital In-Patient Destination (eDisposition.22)
- Clinic
- Morgue/Mortuary
- Other
- Other EMS Responder (air)
- Other EMS Responder (ground)
- Police/Jail
- Urgent Care
- Freestanding Emergency Department
- Dialysis Center
- Diagnostic Services
- Assisted Living Facility
- Mental Health Facility
- Nursing Home
- Other Recurring Care Center
- Physical Rehabilitation Facility
- Drug and/or Alcohol Rehabilitation Facility
- Skilled Nursing Facility

Hospital In-Patient Destination (eDisposition.22)

The location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab, ICU, etc.).

- Hospital-Burn
- Hospital-Cath Lab
- Hospital-CCU
- Hospital-Endoscopy
- Hospital-Hospice
- Hospital-Hyperbaric Oxygen Treatment
- Hospital-ICU
- Hospital-Labor and Delivery
- Hospital-Med/Surg
- Hospital-Mental Health
- Hospital-MICU
- Hospital-Nursery
- Hospital-Peds (General)
- Hospital-Peds ICU
- Hospital-OR
- Hospital-Orthopedic
- Hospital-Other
- Hospital-Out-Patient Bed
- Hospital-Radiology Services - MRI
- Hospital-Radiology Services - CT/PET
- Hospital-Radiology Services - X-Ray
- Hospital-Radiation
- Hospital-Rehab
- Hospital-SICU
- Hospital-Oncology
- Hospital-Outpatient Surgery

Hospital Capability (eDisposition.23)

The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).

- Behavioral Health
- Burn Center
- Critical Access Hospital
- Hospital (General)
- Neonatal Center
- Pediatric Center
- Rehab Center
- Trauma Center Level 1
- Trauma Center Level 2
- Trauma Center Level 3
- Trauma Center Level 4
- Trauma Center Level 5
- Cardiac-STEMI/PCI Capable
- Cardiac-STEMI/PCI Capable (24/7)
- Cardiac-STEMI/Non-PCI Capable
- Stroke-Acute Stroke Ready Hospital (ASRH)
- Stroke-Primary Stroke Center (PSC)
- Stroke-Thrombectomy-Capable Stroke Center (TSC)
- Stroke-Comprehensive Stroke Center (CSC)
- Cancer Center
- Labor and Delivery

Data Element Comment

To be documented when eDisposition.21 (Type of Destination) is 1) Hospital-Emergency Department, 2) Hospital-Non-Emergency Department Bed, or 3) Freestanding Emergency Department.

Destination Team Pre-Arrival Alert or Activation (eDisposition.24)

Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the EMS Unit arrival at the destination with the patient.

- No
- Yes-Adult Trauma
- Yes-Cardiac Arrest
- Yes-Obstetrics
- Yes-Other
- Yes-Pediatric Trauma
- Yes-STEMI
- Yes-Stroke
- Yes-Trauma (General)
- Yes-Sepsis

Date/Time of Symptom Onset (eSituation.01)

The date and time the **symptom** began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

* This is when the patient's symptoms began

Date/Time Last Known Well (eSituation.18)

The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

* This is when the patient was last seen in their “normal state”

Data Element Comment **Additional information to the definition**

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured.

Destination Patient Transfer of Care Date/Time (eTimes.12)

The date/time that patient care was transferred to the destination healthcare staff.

Patient Arrived at Destination
Date/Time:

Transfer of Patient Care at Destination
Date/Time:

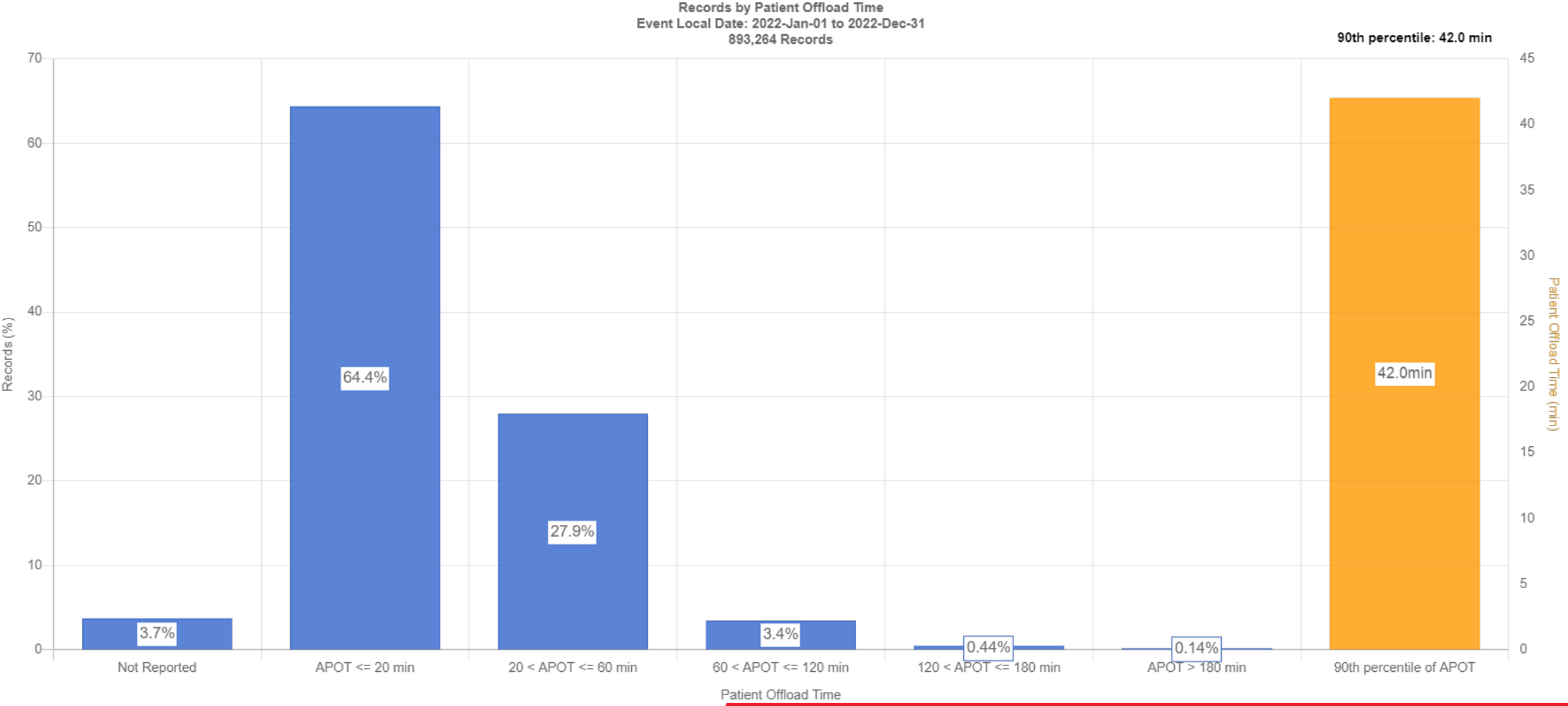
Unit Back in Service Date/Time:

This transfer of care time may not coincide with the time of signature at the receiving facility.

Data Element Comment

This was added to better document delays in ED transfer of care due to ED crowding or other issues beyond EMS control.

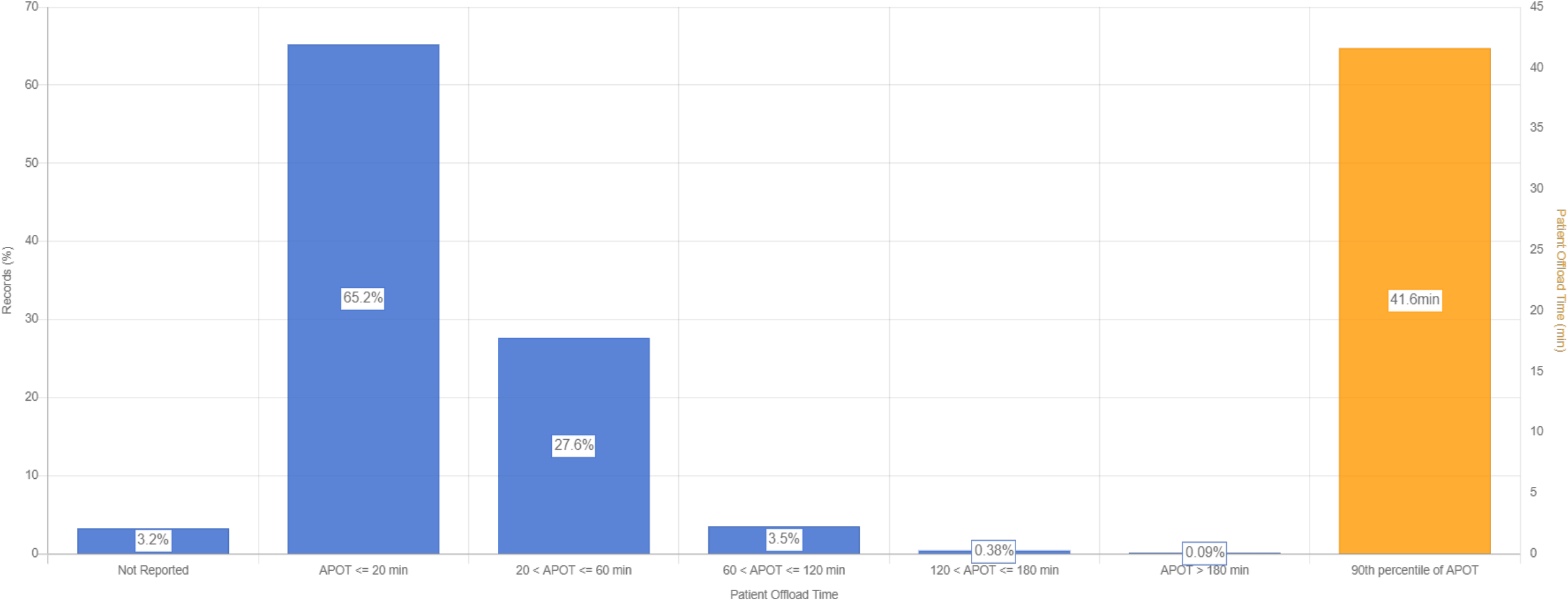
APOT: Calendar Year 2022



APOT: Jan – March 2023

Records by Patient Offload Time
Event Local Date: 2023-Jan-01 to 2023-Mar-31
224,025 Records

90th percentile: 41.6 min



Ambulance Patient Offload Time (APOT)

Patient Offload: is the difference in minutes between the time of the patient arrival at destination (eTimes.11) and the time of patient transfer of care (eTimes.12).

Notes:

- etimes.11-**Patient Arrived at Destination** = The date/time the responding unit arrived with the patient at the destination or transfer point.
- etimes.12 – **Time of Patient Transfer of Care** = The date/time that patient care was transferred to the destination healthcare staff.
- etimes.13 - Unit Back in Service Date/Time = The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).
- If arrival at destination (etimes.11) or time of patient transfer of care (etimes.12) is missing from the record, then APOT can't be computed, and the record will be counted in the "Not Reported" count

Delay Element Fields

eResponse.08 - Type of Dispatch Delay	N	S	R
eResponse.09 - Type of Response Delay	N	S	R
eResponse.10 - Type of Scene Delay	N	S	R
eResponse.11 - Type of Transport Delay	N	S	R
eResponse.12 - Type of Turn-Around Delay	N	S	R

Hospital Hub

Hospital Hub

The GEMSIS hospital platform to obtain EMS PCR for patients transported to their facility.

The screenshot shows the homepage of the IMAGE TREND HOSPITAL HUB. At the top left is the logo, which consists of a red stylized 'W' icon followed by the text 'IMAGE TREND' in a bold, sans-serif font and 'HOSPITAL HUB™' in a smaller font below it. To the right of the logo is a navigation menu with three items: 'HOME', 'ABOUT', and 'CONTACT US', each in a dark blue box with white text. The main content area has a dark blue background. On the left side of this area, the text 'Accurate and timely patient information – from EMS to hospital – for improved readiness and continuity of care.' is displayed in white. On the right side, there is a screenshot of the web application interface, showing a dashboard with various data tables and charts. Below the main content area, there are two columns. The left column is titled 'INTEGRATIVE PREPAREDNESS' with a red icon of a person. It contains a paragraph of text and a bulleted list. The right column is titled 'SYSTEM LOGIN' with a red icon of a computer monitor. It contains a form with 'Username:' and 'Password:' labels, two input fields, a 'Submit' button, and a link for 'Forgot your password?'.

IMAGE TREND
HOSPITAL HUB™

HOME ABOUT CONTACT US

Accurate and timely patient information
– from EMS to hospital – for improved
readiness and continuity of care.

INTEGRATIVE PREPAREDNESS

Accurate and timely patient information and trauma service preparation are valuable assets in providing optimal patient care and improving recovery rates. Hospitals use Web-based Hospital Hub™ to access the ePCR from ambulance services in PDF format for patients as they arrive. Hospital Hub connects with EMS providers at local, statewide or even multi-state level using Service Bridge™, Rescue Bridge™ or State Bridge™.

- A complete ePCR is available for each patient's medical record
- Provides advance notice to prepare space and treatment
- Filters to show relevant only records

SYSTEM LOGIN




























Username:

Password:

Submit

[Forgot your password?](#)

Hospital Hub

 Agency ▾ Hospital Hub More ▾ Kelly 									
    Navicent Health MCGG Medical Center 31201 ▾ View Kelly ▾ Settings   Classic Off Records: 100 									
	Arrival Date	Service	Name	DOB	Primary Impression	Related	Incident Number	PCR Number	Date Entered
94%	02/10/2021 13:00	The Medical Center Of Central ...			Pain-Non-cardiac Chest Pain		3633	3976c32e-cf3f-4059-a9f8-c83d1a...	02/10/2021 14:00
100%	02/10/2021 12:26	The Medical Center Of Central ...		Respiratory-Respiratory condit...		3632	cf953b5e-6483-4859-817b-a5b34f...	02/10/2021 13:06	
100%	02/10/2021 12:25	Agape Medical Transport		General/Other-Weakness		A7-02102124	9b28103d3a664e389ecab6a3831b92...	02/10/2021 12:36	
100%	02/10/2021 12:16	MONROE COUNTY EMERGENCY SERVIC...		General/Other-Dependence on re...		21000599	74dd16309eab43f4909c3dc2ccd0f7...	02/10/2021 12:45	
100%	02/10/2021 10:58	The Medical Center Of Central ...		General/Other-Cancer, unspecif...		3619	aa613ff5-7b1b-4df9-9435-f3cee3...	02/10/2021	
99%	02/10/2021 10:43	The Medical Center Of Central ...		Pain-Chronic pain, not elsewhe...		3618	8f1d0ac2-ed82-41be-a9b0-b25615...	02/10/2021	
97%	02/10/2021 09:47	The Medical Center Of Central ...		Respiratory-Respiratory distre...		3616	82db8074-4905-42cc-b0a3-a759b1...	02/10/2021	
100%	02/10/2021 09:44	PEACH COUNTY EMS		Respiratory-Respiratory disord...		21-00000484	eb2dd0546f3a4b58b4202679b1537e...	02/10/2021	
97%	02/10/2021 09:26	Community Ambulance		Shortness of breath		744453	3e450137-fc00-469b-ba5a-b6d439...	02/10/2021	
100%	02/10/2021 08:57	Butts County Fire Department		Behavioral-Altered mental stat...		21-0677	87b6fe5682214422842280086a597e...	02/10/2021	
100%	02/10/2021 08:50	LAURENS COUNTY EMERGENCY MEDIC...		OB-GYN-Pregnancy with contract...		2021-00001203	fa6c441581064effbc8e0d35bbd6ad...	02/10/2021	
100%	02/10/2021 08:49	The Medical Center Of Central ...		General/Other-Cancer, unspecif...		3611	dc71c3ba-8852-4d92-8e7f-acb77e...	02/10/2021	
99%	02/10/2021 08:17	Community Ambulance		Pain-Chronic pain, not elsewhe...		744432	64fe9980-c8f6-4571-8cd0-df755c...	02/10/2021 08:44	
99%	02/10/2021 08:04	Community Ambulance		Behavioral-Altered mental stat...		744436	12db372b-cd58-42fc-b9fb-1ca0d4...	02/10/2021 08:37	
100%	02/10/2021 07:59	HOUSTON COUNTY EMS		Behavioral-Altered mental stat...		21020876	495f8ec0b3774c2bb4768d72ecec45...	02/10/2021 08:40	
100%	02/10/2021 07:55	The Medical Center Of Central ...		General/Other-Cancer, unspecif...		3612	4f9e643a-7a61-4402-9b6f-5787e1...	02/10/2021 08:17	
96%	02/10/2021 07:45	The Medical Center Of Central ...		Behavioral-Altered mental stat...		3609	0b75a292-a975-4ff2-8885-b89aa1...	02/10/2021 09:19	
93%	02/10/2021 06:50	Community Ambulance		Injury-abdomen		744425	dfc278a0-d1e8-4d5f-9ac5-78177c...	02/10/2021 07:16	
98%	02/10/2021 06:44	The Medical Center Of Central ...		Hemorrhage, not elsewhere clas...		3605	d0a5480c-52b2-4e69-a93a-5d476c...	02/10/2021 07:23	

-  Print
-  View
-  Attach
-  Outcome
-  Related
-  Log

Hospital Hub

The screenshot displays the IMAGE TREND HOSPITAL HUB interface. The top navigation bar includes the logo, 'Agency' dropdown, 'Hospital Hub', and 'More' dropdown. The main content area shows a patient list table with columns for Arrival Date, Name, DOB, Service, and Primary. A search bar at the top allows filtering by Arrival Date Range, Date Of Birth, Last Name, and Unit Notified Date Range. A 'PDF Selector' overlay is open on the right, showing a list of PDFs under 'Imported PDFs' and 'Summary PDFs'. The 'Summary PDFs' section is highlighted in yellow and contains two entries: 'Prehospital Care Report (Default) | Unified PDF' and 'CARES Print Report | Unified PDF'. A large white rounded rectangle is overlaid on the patient list table.

Arrival Date	Name	DOB	Service	Primary
100%		03/04/1951 00:00	MetroAtlanta Ambulance Service	
100%		12/17/1992 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
99%		03/28/1945 00:00	Marietta Fire Department	
100%		08/23/1986 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
100%		05/21/1985 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
96%		11/28/1988 00:00	PAULDING COUNTY FIRE/RESCUE	
100%		11/02/1992 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
71%			PAULDING COUNTY FIRE/RESCUE	
100%		11/11/2004 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
100%			Marietta Fire Department	
98%		10/10/1951 00:00	Marietta Fire Department	Gen
100%		04/30/1955 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
100%		02/28/2006 00:00	COBB COUNTY FIRE AND EMERGENCY S...	Ge
100%		08/05/1945 00:00	COBB COUNTY FIRE AND EMERGENCY S...	ST
100%		01/04/1944 00:00	COBB COUNTY FIRE AND EMERGENCY S...	
99%		02/12/1969 00:00	Marietta Fire Department	

Hospital Hub – PCR linkage and Outcome data

IMAGETREND HOSPITAL HUB™

Agency Hospital Hub More

Navicent Health MCGG Medical Center 31201 - View | Kelly - Settings Classic Off

Records: 100

	Arrival Date	Service	Name	DOB	Primary Impression	Related	Incident Number	PCR Number	Date Entered
94%	02/10/2021 13:00	The Medical Center Of Central ...			Pain-Non-cardiac Chest Pain	➔	3633	3976c32e-cf3f-4059-a9f8-c83d1a...	02/10/2021 14:00
100%	02/10/2021 12:26	The Medical Center Of Central ...			Respiratory-Respiratory condit...	➔	3632	cf953b5e-6483-4859-817b-a5b34f...	02/10/2021 13:06
100%	02/10/2021 12:25	Agape Medical Transport			General/Other-Weakness	➔	A7-02102124	9b28103d3a664e389ecab6a3831b92...	02/10/2021 12:36
100%	02/10/2021 12:16	MONROE COUNTY EMERGENCY SERVIC...			General/Other-Dependence on re...	➔	21000599	74dd16309eab43f4909c3dc2ccd07...	02/10/2021 12:45
100%	02/10/2021 10:58	The Medical Center Of Central ...			General/Other-Cancer, unspecif...	➔	3619	aa613ff5-7b1b-4df9-9435-f3cee3...	02/10/2021
99%	02/10/2021 10:43	The Medical Center Of Central ...			Pain-Chronic pain, not elsewhe...	➔	3618	8f1d0ac2-ed82-41be-a9b0-b25615...	02/10/2021
97%	02/10/2021 09:47	The Medical Center Of Central ...			Respiratory-Respiratory distre...	➔	3616	82db8074-4905-42cc-b0a3-a759b1...	02/10/2021
100%	02/10/2021 09:44	PEACH COUNTY EMS			Respiratory-Respiratory disord...	➔	21-00000484	eb2dd0546f3a4b58b4202679b1537e...	02/10/2021
97%	02/10/2021 09:26	Community Ambulance			Shortness of breath	➔	744453	3e450137-fc00-469b-ba5a-b6d439...	02/10/2021
100%	02/10/2021 08:57	Butts County Fire Department			Behavioral-Altered mental stat...	➔	21-0677	87b6fe5682214422842280086a597e...	02/10/2021
100%	02/10/2021 08:50	LAURENS COUNTY EMERGENCY MEDIC...			OB-GYN-Pregnancy with contract...	➔	2021-00001203	fa6c441581064effbc8e0d35bbd6ad...	02/10/2021
100%	02/10/2021 08:49	The Medical Center Of Central ...			General/Other-Cancer, unspecif...	➔	3611	dc71c3ba-8852-4d92-8e7f-acb77e...	02/10/2021
99%	02/10/2021 08:17	Community Ambulance			Pain-Chronic pain, not elsewhe...	➔	744432	64fe9980-c8f6-4571-8cd0-df755c...	02/10/2021 08:44
99%	02/10/2021 08:04	Community Ambulance			Behavioral-Altered mental stat...	➔	744436	12db372b-cd58-42fc-b9fb-1ca0d4...	02/10/2021 08:37
100%	02/10/2021 07:59	HOUSTON COUNTY EMS			Behavioral-Altered mental stat...	➔	21020876	495f8ec0b3774c2bb4768d72ecec45...	02/10/2021 08:40
100%	02/10/2021 07:55	The Medical Center Of Central ...			General/Other-Cancer, unspecif...	➔	3612	4f9e643a-7a61-4402-9b6f-5787e1...	02/10/2021 08:17
96%	02/10/2021 07:45	The Medical Center Of Central ...			Behavioral-Altered mental stat...	➔	3609	0b75a292-a975-4ff2-8885-b89aa1...	02/10/2021 09:19
93%	02/10/2021 06:50	Community Ambulance			Injury-abdomen	➔	744425	dfc278a0-d1e8-4d5f-9ac5-78177c...	02/10/2021 07:16
98%	02/10/2021 06:44	The Medical Center Of Central ...			Hemorrhage. not elsewhere clas...	➔	3605	d0a5480c-52b2-4e69-a93a-5d476c...	02/10/2021 07:23

Print View Attach Outcome Related Log

Hospital Hub – PCR Linkage

The screenshot displays the IMAGE TREND HOSPITAL HUB interface. The top navigation bar includes the logo, 'Wellstar Kennestone Hospital', and menu items like 'Hospital Hub', 'Reports', and 'More'. Below this, there's a secondary navigation bar with 'Atrium Health Navicent 31201', 'View | Kelly', 'Settings', and 'Classic Off'. The main content area shows a table of patient incidents with columns for Arrival Date, Service, Name, DOB, and Priority. A vertical toolbar on the right side of the table offers actions like Print, View, Attach, Outcome, Related, and Log. A 'Related Incidents' popup window is open, showing details for a 'WellStar Spalding EMS' incident, including the incident number (22003137), date (03/07/2022), PCR number, call number, and transfer information. A red-bordered box highlights the PCR linkage criteria.

	Arrival Date	Service	Name	DOB	Pri
96%	03/09/2022 00:23	Community Ambulance		11/10/1989	
97%	03/08/2022 23:07	Community Ambulance		8/16/19	
99%	03/08/2022 23:02	Community Ambulance		7/04/20	
96%	03/08/2022 23:01	Community Ambulance		5/18/19	
100%	03/08/2022 22:25	MONROE COUNTY EMERGENCY SERVICES		12/25/1	
99%	03/08/2022 22:20	Atrium Health Navicent Emergency...		8/15/19	
95%	03/08/2022 22:06	Community Ambulance		3/10/1996	
100%	03/08/2022 21:51	WellStar Spalding EMS		12/18/1937	

Related Incidents

WellStar Spalding EMS

Incident #: 22003137 PCR #: 0bffe3c30fd40e09408cf69986113d6 Transferred To:
Incident Date: 03/07/2022 Call #: 22003137 Received From:

PCR linkage is based on:

- First Name
- Last Name
- Date of Birth
- Gender
- Within last 72 hours

Summary

Reminders for Agencies using 3rd party ePCR System

- Must export all ePCRs within 24 hours of call completion
- XML Files should be sent on a continuous basis throughout the day – do not bulk send multiple files at once point during the day.
- Must resubmit any ePCRs that have been updated or failed from previous submissions.
- Must allow medics to select appropriate NOT Values (NV) and Pertinent Negatives (PN) as specified in the GA State Validation Rules.
 - Just because NEMESIS allows Not Values and Pertinent Negatives on certain data elements does not mean GA allows them.
- Must NOT show “Not Recorded”, “Not Reporting”, or “Unknowns” for medics to select
- Must NOT default values for the medics or agencies
- In the event the Department issues an emergency update to the Schematron File we expect the vendor to update and apply it as soon as possible in a timely manner.

v3.5 Transition for EMS Agencies

- Each agency is responsible for educating your staff on v3.5 changes.
- Phase 1: Transition of GEMSIS Elite agencies to v3.5 beginning in July 2023 and testing of 3rd party ePCR software vendors.
 - Once your agency has determined your transition plan, contact Dipti Patel to discuss and determine your transition timeline.
 - If we haven't heard from your agency by July 14th regarding your transition timeline, we will contact you and set a date.
- Phase 2: Transition of EMS agencies using 3rd Party ePCR Vendors, August 2023.
 - Make sure you are communicating with your vendor regarding their GA testing and approval.
 - Once your ePCR vendor has been approved by Georgia, contact Dipti Patel to discuss and determine your transition timeline.
- Don't wait until the last minute to complete your transition.

Upcoming GEMISIS v3.5 Webinars

Webinar 2 – Agencies using 3rd party ePCR Vendor System: Monday, July 17, 2023, 11:30 AM

- Meeting information posted on the GEMISIS website

<https://dph.georgia.gov/EMS/gemisis>

Contacts

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DPH EMS Website: <https://dph.georgia.gov/EMS/gemsis>

Questions? And Open Discussion

