NEMSIS v3.5 Data Transition

NEMSIS v3.5 Data Transition for GEMSIS Elite Users

Georgia Office of EMS and Trauma

June 30, 2023

Georgia's v3.5 Transition

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Agenda

- GEMSIS/NEMSIS 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 (GEMSIS 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 NEMSIS 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 NEMSIS v3.4) to a new one (NEMSIS 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
  - This will allow you to document calls using the new EMS form, Print Report, 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
- Updated the current state EMS and EMS/Fire ePCR form and Print Report in the system with any field changes.
- 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

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.

An official website of the State of Georgia. How you know ⌄

English   Organizations A-Z

DPH | GEORGIA DEPARTMENT *of* PUBLIC HEALTH

🔍 Search

⌄ About DPH   ⌄ Health Topics   ⌄ COVID-19   ⌄ Vital Records   ⌄ Women and Children   ⌄ Immunizations   ⌄ Environmental Health   ⌄ Epidemiology

🏠 > About DPH > Emergency Medical Services > EMS Data (GEMSIS Elite, Biospatial)

Emergency Medical Services

⌄ 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

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.

- PDF **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.

Checklists Recommendations for NEMSIS v3.5 Transition

- PDF **Checklist for ImageTrend 3rd Party ePCR System** - EMS agencies using own purchased ImageTrend System
- PDF **Checklist for GEMSIS Elite ePCR System** - EMS agencies using State GEMSIS Elite System

v3.5 Checklist Recommendations

CHECKLIST: NEMSIS 3.5 TRANSITION FOR EMS AGENCIES USING GEMSIS ELITE ePCR 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 your 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).
☐	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 scheduled webinars hosted by OEMST.
☐	Communicate with OEMST of your agency's transition plan.
☐	Communicate with stakeholders with whom you exchange data. Share your transition timeline with them. • CAD Integration, Auto Exports for Billing, HIEs, Communication products (ex: Kno2Fax)
☐	Schedule in-house training to train personnel on the updated ePCR documentation (data element and value changes, new validation rules, current documentation issues, what will be new, etc.)

Transition Preparation - The following steps need to be completed under your agency in GEMSIS Elite if this applies to you.

☐	Visit ImageTrend University in GEMSIS Elite if you need assistance with the items below.
☐	Confirm all licensed medics are rostered in GEMSIS Elite with properly formatted Georgia license numbers and provider levels 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. Contact Dipti Patel if you have any questions.
☐	Copy/Update any current custom validation rules with any changed data elements and values, making sure the new rules are set to v3.5 (if applicable).
☐	Copy/Update your custom ePCR form templates to v3.5 (if applicable). If your agency uses the state ePCR form then you do not need to do any of the following. • You have the option to copy the state-updated form and customize it. Contact Dipti Patel to receive a copy. Note: it is highly recommended you use the state form to stay within data compliance. • Be sure to include all national, state, and custom data elements on the custom form. • Update any custom visibility rules to v3.5. • Update any default values on your custom form that may have changed.
☐	Update preset values with any changed data elements and values.
☐	Review/Update any power tools and/or situation tools with any changed data elements and values.
☐	Copy/Update your custom print report to include new fields for v3.5 (if applicable). If your agency uses the state print report template then this is not applicable to you.
☐	Update CQI form templates with any changed data elements and values.
☐	Review Supplemental questions with any changed data elements and values (if applicable).
☐	Update any custom Incident List views, checklists, worksheets, etc.
☐	Copy/Update any custom reports created in Report Writer Tool with any changed data elements. All state reports will be updated by OEMST.
☐	Communicate with OEMST about your EMS Agency's transition timeline to v3.5.

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

- PDF **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.

- PDF **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.

NEMSIS Resources

www.nemsis.org

NEMSIS Resources

How to find the Data Dictionary

NEMSIS Data Dictionary

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Data Dictionary – Sample

State	National

eMedications.03 - Medication Administered ← Element # & Name

Definition

The medication administered to the patient. ← Definition of Field

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

← Not Values & Pertinent Negative(s)

Code Type
9924003 - RxNorm   9924005 - SNOMED-CT

Constraints

Data Type	minLength	maxLength
string	2	9

← Pick List Options

Data Element Comment

List of medications based on RxNorm (RXCUI) code and SNOMED-CT codes for blood products. ← Data Clarification Comment

Reference the NEMSIS 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.

Data Dictionary - Sample

State	National

eDisposition.19 - Final Patient Acuity ← Element # & Name

Definition ← Definition of Field

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) ← Not Values & Pertinent Negative(s)
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

← Pick List Options

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.

← Data Clarification Comment

"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.

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

Provider's Secondary Impressions

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.

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* | ⊖

NEMSIS v3.5 Transition Overview

Data Element Changes

Changes from v3.4.0 to v3.5.0

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

Changes in National Elements	v3.4.0	v3.5.0
Total (excluding SDS, eOutcome)	165	155
Mandatory	37	32
Required	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 have been added to the State EMS ePCR form and Print Report that are available in the NEMSIS data dictionary.

- EMS Agencies will be responsible to add all the new optional and required fields on your custom ePCR form and print report (if applicable).

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

Version 3.4.0

PATIENT & INCIDENT DISPOSITION
eDisposition.12

FLEXIBILITY   CLARITY

Version 3.5.0

UNIT DISPOSITION
eDisposition.27

PATIENT DISPOSITION
eDisposition.28

CREW DISPOSITION
eDisposition.29

TRANSPORT DISPOSITION
eDisposition.30
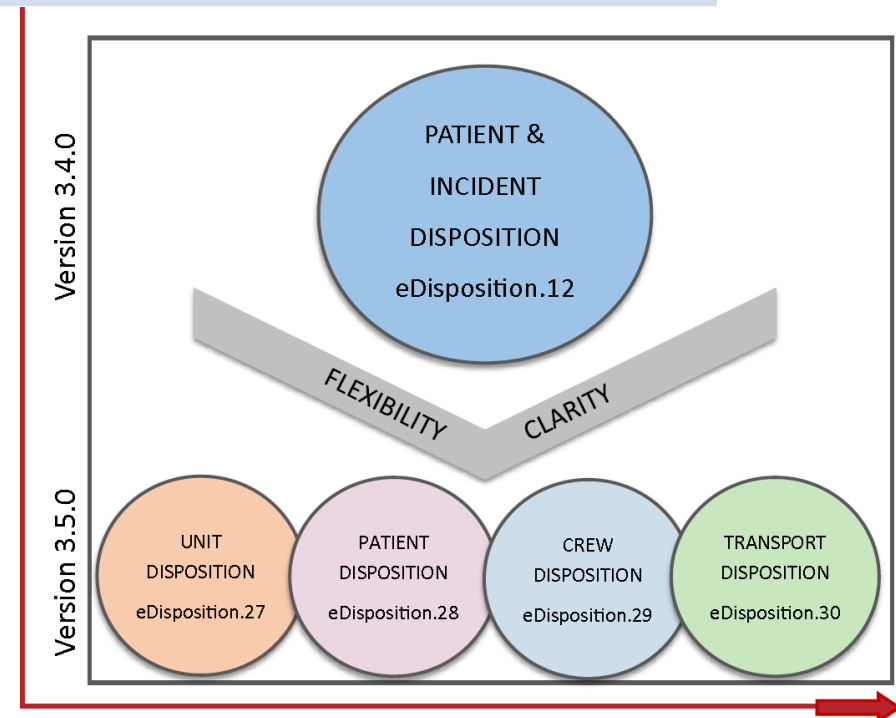
Unit Disposition (eDisposition.27)

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)

Version 3.4.0

Version 3.5.0

PATIENT & INCIDENT DISPOSITION
eDisposition.12

FLEXIBILITY   CLARITY

UNIT DISPOSITION
eDisposition.27

PATIENT DISPOSITION
eDisposition.28

CREW DISPOSITION
eDisposition.29

TRANSPORT DISPOSITION
eDisposition.30
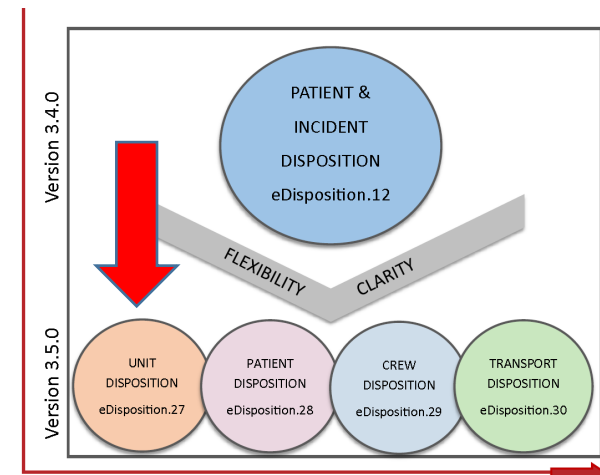
Patient Evaluation/Care (eDisposition.28)

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
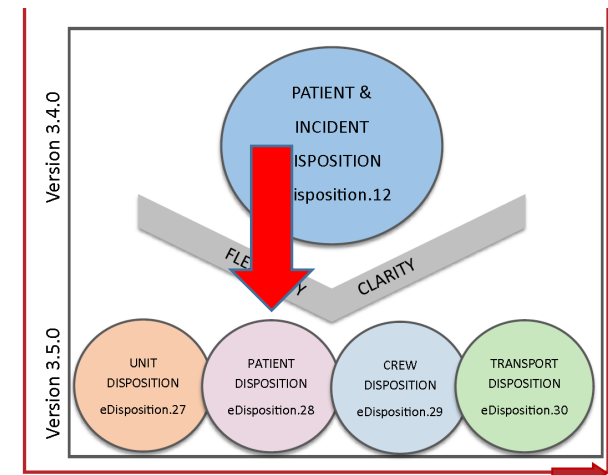
Crew Disposition (eDisposition.29)

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
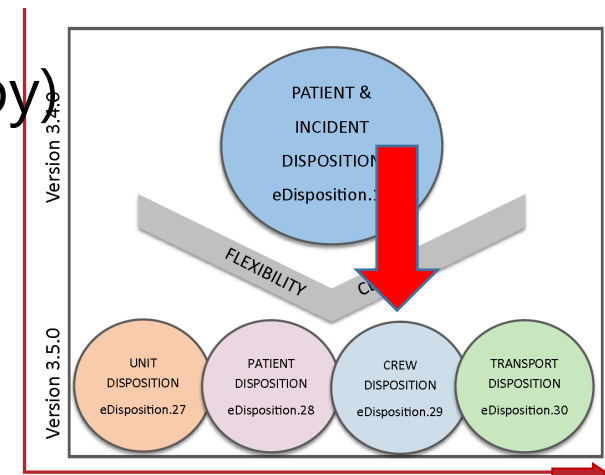
Transport Disposition (eDisposition.30)

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

Version 3.4.0

Version 3.5.0

PATIENT & INCIDENT DISPOSITION
eDisposition.12

FLEXIBILITY   CLARITY

UNIT DISPOSITION
eDisposition.27

PATIENT DISPOSITION
eDisposition.28

CREW DISPOSITION
eDisposition.29

TRANSPORT DISPOSITION
eDisposition.30
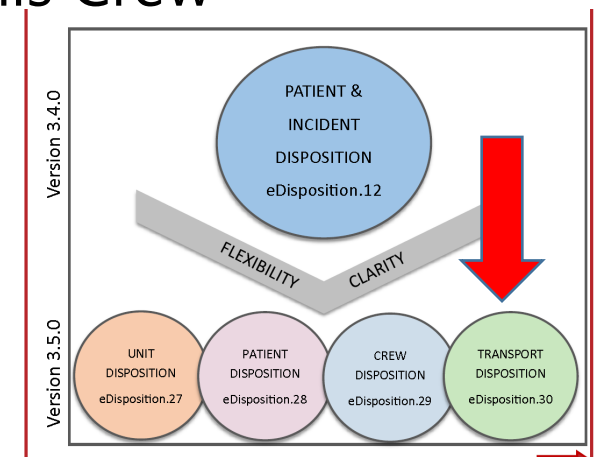
Reason for Refusal/Release (eDisposition.31)

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 (eDispostion.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 (eDispostion.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 (eDispostion.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)

- 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 (eDispostion.32)

- No Care Provided

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.

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 Responser (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.

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 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 Responser (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.

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

Records by Patient Offload Time
Event Local Date: 2022-Jan-01 to 2022-Dec-31
893,264 Records

90th percentile: 42.0 min

GEORGIA DEPARTMENT OF PUBLIC HEALTH
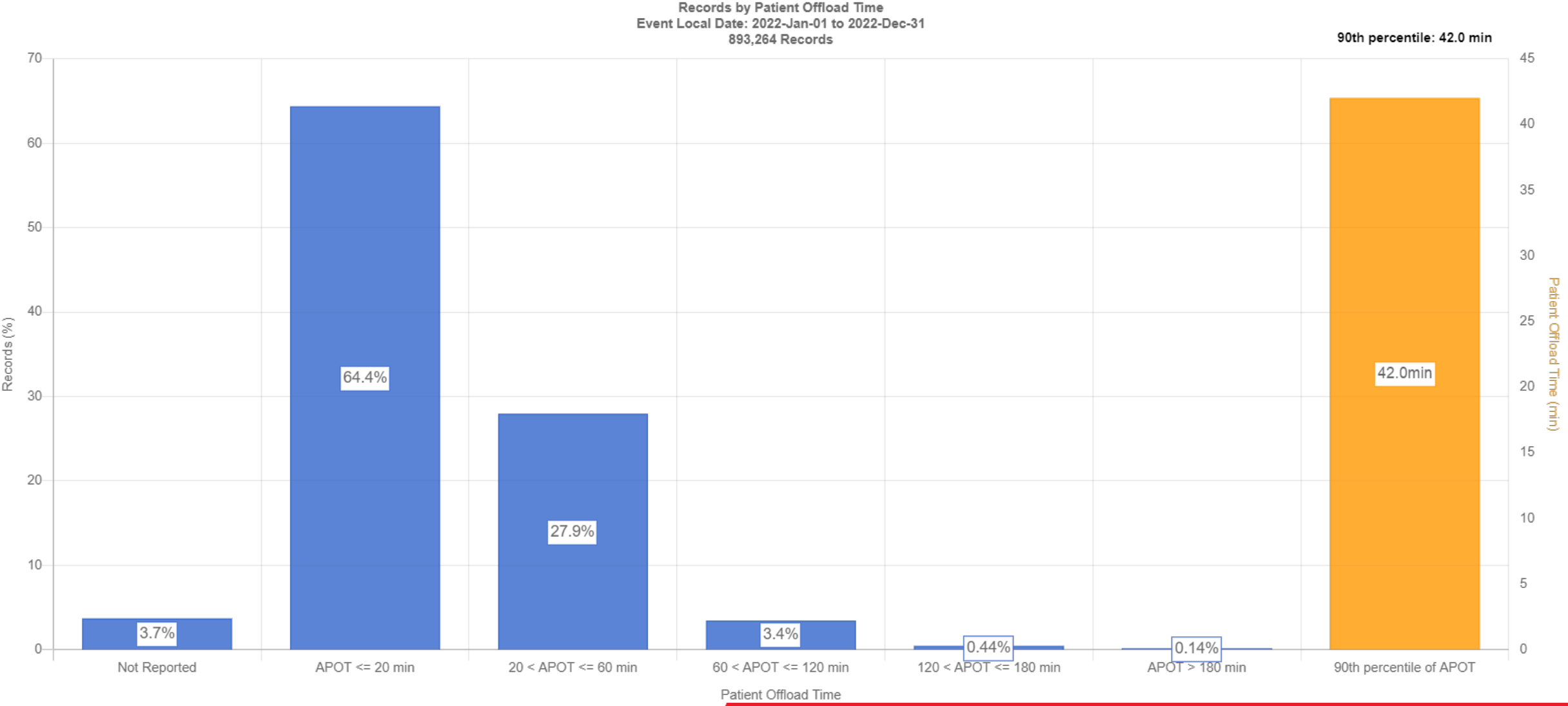
APOT: Jan – March 2023

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

90th percentile: 41.6 min
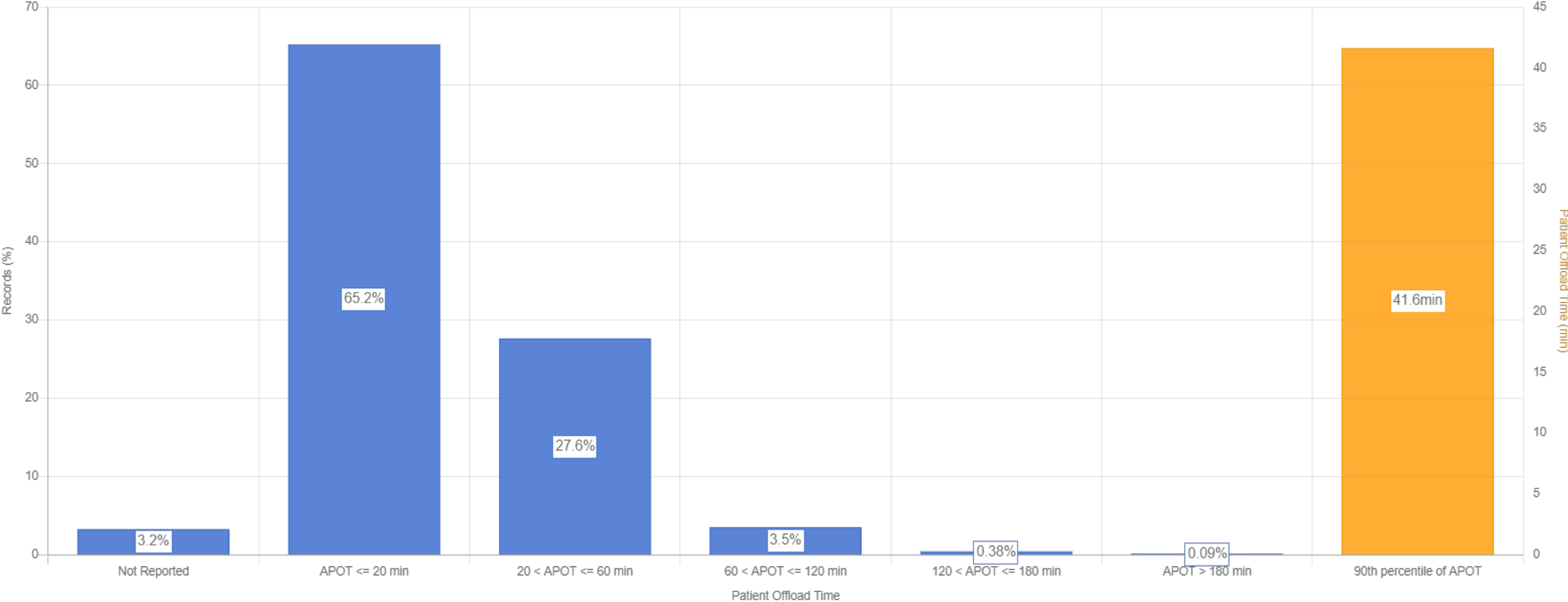
Ambulance Patient Offload Time (APOT)

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 PCRs for patients transported to their facility.

Hospital Hub

Hospital Hub

Hospital Hub – PCR linkage and Outcome data

Hospital Hub – PCR Linkage

PCR linkage is based on:
- First Name
- Last Name
- Date of Birth
- Gender
- Within last 72 hours

Summary

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

- 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.

- Don't wait until the last minute to complete your transition.

Upcoming GEMSIS v3.5 Webinars

Webinar 2 – GEMSIS Elite Direct Entry Users: Friday, June 30, 2023, 1:00 PM
- Registration link posted on our website

ePCR Software Vendors Webinar - Optional for EMS Agencies: Friday, June 30, 2023, 9:30 AM
- Registration link posted on our website

Webinar 1 – Agencies using 3rd party ePCR Vendor System: Monday, July 10, 2023, 1:00 PM
- Registration link posted on our website

Webinar 2 – Agencies using 3rd party ePCR Vendor System: Monday, July 17, 2023, 11:30 AM
- Registration link posted on our website

https://dph.georgia.gov/EMS/gemsis

Contacts

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

Questions? And Open Discussion