

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** February 22, 2023**TO:** Local EMS Administrators  
EMS Medical Directors  
EMS Providers  
Other EMS System Partners**FROM:** Elizabeth Basnett  
Acting Director **CC:** Brian Aiello  
Chief Deputy DirectorHernando Garzon M.D.  
Chief Medical Officer**SUBJECT:** California Emergency Medical Services Information System (CEMSIS)  
Update & Requirements

EMSA is proud to announce the California EMS Information System (CEMSIS) has gone live under EMSA administration. CEMSIS went live within EMSA on Monday, January 23<sup>rd</sup>. We are still within the initial 30-day startup period but so far, there have not been any significant transition issues. The Emergency Medical Services (EMS) Authority continues to prioritize data compliance, quality, and analysis.

**NEMSIS Version 3.5:**

On February 14, 2023, CEMSIS was determined compliant with NEMSIS Version 3.5 by the University of Utah. EMSA's NEMSIS V3.5 compliance preparation has been working simultaneously alongside of our transition work for CEMSIS to be an EMSA administered program. CEMSIS is now able to accept NEMSIS V3.5 data from entities who have also achieved compliance approval from the NEMSIS Technical Assistance Center (TAC). The goal is for all entities submitting data to CEMSIS to be NEMSIS V3.5 compliant by October 1, 2023.

EMSA will accept V3.4 and V3.5 data until December 31, 2023. Beginning January 1, 2024, EMSA will only accept NEMSIS V3.5 data base on the sunset of V3.4

We have outlined the following information to assist local EMS agencies and EMS providers to give clarifications on data system operations and to support statutory requirements related to data.

**AB 503 – Health and Safety Code 1797.122:**

As allowed in Health and Safety Code (HSC) 1797.122, the EMS Authority will set the “minimum standards for the implementation of data collection, including system operation, patient outcome and performance quality improvement.” These standards will be incorporated into revisions of Chapter 12 and standards for paramedics can be found in California Code of Regulations, Title 22, Division 9, Chapter 4, Emergency Medical Technician-Paramedic, Article 8, Record Keeping and Fees.

**AB 1223 – Health and Safety Code 1797.225**

Beginning July 1, 2019, HSC 1797.225 required that LEMSAs transmit Ambulance Patient Offload Time (APOT) data quarterly to the EMS Authority. The EMS Authority and stakeholders developed APOT-1 and APOT-2 specifications for use by the LEMSAs when generating and submitting their reports. APOT Submissions are currently due 30 days after each quarter.

Starting January 1, 2023, the EMS Authority will transition away from using LEMSA-generated APOT reports and solely utilize CEMSIS data to generate APOT reporting and analysis.

**AB 1129 – Health and Safety Code 1797.227:**

HSC 1797.227 requires:

1. Each emergency medical care provider uses an electronic health record system when collecting and submitting EMS data to a local EMS Agency.
  - a. For the purposes of interpreting the provisions of HSC 1797.227, the EMS Authority recognizes that “electronic health record” means electronic patient care record (ePCR). An electronic health record (EHR), as defined by the Office of the National Coordinator for Health Information Technology (ONC), is a digital version of a patient's paper chart.
  - b. The electronic health record must have the capability of mobile entry at the patient's bedside and incorporate workflow for real-time entry of information. This also means that all EHR systems should be interoperable with other systems, including the functionality to exchange (send and receive) electronic patient health information with other entities, including hospitals, in an HL7 format, using ONC standards. The National Emergency Medical Services Information System (NEMSIS) incorporates these format standards.

2. The electronic health record system must be compliant with the current version of NEMSIS and CEMSIS.
  - a. "Compliant" refers to an EHR system that has been tested and certified by NEMSIS; the certification information is posted on the NEMSIS website. Emergency medical services providers shall use a NEMSIS-compliant vendor in the submission of data to the LEMSA. Software vendors maintain compliance in California by testing annually with NEMSIS. CEMSIS will only accept data from compliant software vendors.
  - b. NEMSIS National/State or State-only elements and value sets shall be used as defined in the mandatory, required, recommended, and optional lists as published in Version 3.4.0 or most current version, except as listed below under 3a.
3. The electronic health record system must be compliant with the current California data standard for EMS data.
  - a. Data Compliance with CEMSIS is further determined by meeting any additional requirements set by the EMS Authority, including California-specific criteria that expand or limit the responses for any NEMSIS elements. Emergency medical care providers shall use California-specific value sets for the following elements as defined on the CEMSIS page of the EMS Authority's website:
    - Provider Agency List (dAgency.01). Providers shall only use their EMS Authority assigned CEMSIS identification number as noted on the Provider Agency List (dAgency.01).
    - Facility Identification (dFacility.02/dFacility.03).
    - Cause of Injury (eInjury.01.)
    - Symptom List (eSituation.09).
    - Provider Primary Impression (eSituation.11).
    - Location Type (eScene.09).
  - b. Compliance is achieved when a provider submits data to the LEMSA from a NEMSIS-compliant software vendor including fields identified in the NEMSIS standard as mandatory, required, recommended, optional, and the California-specific value sets. Compliant data submission to the LEMSA shall utilize descriptive values and contain minimal use of NOT and null values, limited only to situations where no other value is appropriate for documentation of a given situation.
  - c. The time period for submission to CEMSIS shall be defined by the LEMSA and shall not exceed 72 hours after an EMS response. Data consistent with CCR Title 22, Division 9, Chapter 4. Paramedic,

Section 100171, (e) and (f) shall also be submitted to the LEMSA, as required.

If there are any questions or comments, please contact the EMSA EMS Systems Division through either Tom McGinnis (email [Tom.McGinnis@emsa.ca.gov](mailto:Tom.McGinnis@emsa.ca.gov), phone (916) 431-3695) or Adrienne Kim (email [Adrienne.Kim@emsa.ca.gov](mailto:Adrienne.Kim@emsa.ca.gov), phone (916) 431-3742).