Executive Summary

CEMSIS has issued an update memo on the NEMSIS 3.5 data standard. CEMSIS is now compliant with 3.5, is able to receive data, and has set a "goal" go live date of Oct 1, 2023. The OC-MEDS timeline is consistent with the CEMSIS update, and OCEMS will work towards a county-wide go live of Oct 1, 2023.

The user interface of OC-MEDS PCRS (ImageTrend Elite) is not changing, and the 3.5 standard will operate on the same platform that is currently in use. However, there are changes that will significantly affect how provider agencies document care and manage reports. For instance, the data element Patient/Incident Disposition is being replaced by five separate data elements. In all, there are 28 new elements being added, 7 elements being removed, and 7 elements with modified values.

The underlying data structure of 3.5 is significantly different. Field ePCR data transfers will not be possible between 3.4 and 3.5. All agencies should set a goal go live date of Oct 1, 2023. However, providers are able to go live before and after Oct 1, until Dec 18, 2023. If alternate go live dates are set please coordinate with any other partner provider agencies regarding field transfers. All agencies must have transitioned to the new 3.5 standard by Monday, Dec 18, 2023.

Both the underlying structure and the data element updates may affect CAD integrations and billing operations. Please consider all aspects of your operation that connect with your PCRS and/or utilize ePCR data to ensure that your agency is prepared to transition to the NEMSIS 3.5 standard.

The NEMSIS 3.5 data standard requires substantive development from PCRS software vendors. All agencies operating a third party PCRS are required to submit a new OC-MEDS Application via our Licensure site https://www.oc-meds.org/licensure/public/orangecounty/portal to initiate a process of verifying compliance and establishing an integration with OC-MEDS. *Please note that several additional custom elements are now required.* See our revised OC-MEDS Data Dictionary and NEMSIS resources.

Resources

NEMSIS Change Log: https://nemsis.org/media/nemsis_v3/release-3.5.0/DataDictionary/ChangeLog.pdf

NEMSIS 3.5 Data Dictionary: https://nemsis.org/media/nemsis_v3/release-3.5.0/DataDictionary/PDFHTML/EMSDEMSTATE/index.html

NEMSIS Custom Elements: https://nemsis.org/technical-resources/version-3/version-3-xsd-guides-usage/

CEMSIS Update Memo 2/22/2023: https://emsa.ca.gov/wp-content/uploads/sites/71/2023/02/CEMSIS-Update-Memo-2.22.23.pdf?emrc=6400dd2fd3443

OC-MEDS NEMSIS 3.5 Transition Plan: https://www.ochealthinfo.com/sites/healthcare/files/2023-01/%234522%20NEMSIS%20v3.5%20Implementation%20Plan%2001.03.2023.pdf

OC-MEDS Data Dictionary and Attachments: https://www.ochealthinfo.com/ems/oc-meds#10

Data Elements Affected (page 1/3)

eAirway.04, Airway Device Placement Confirmed Method: Value added for Chest Rise

eArrest.05/06/08, CPR Care Provided PTA & Who: Elements deprecated, replaced by eArrest.20/21/22

eArrest.20, Who First Initiated CPR: Adding new National element, usage Required. Same validation as eArrest.05

eArrest.21, Who First Applied the AED: Adding new National element, usage Required. Same validation as eArrest.08.

eArrest.22, Who First Defibrillated the Patient: Adding new National element, usage Required. Similar validation to group.

eArrest.09, Type of CPR Provided: Adding National element, usage Required, no longer allows Not Reporting, added to Cardiac Arrest Detail Panel, redundant with Procedures, but used by State and Nation for reporting. Validation Proposed.

eArrest.18, End of EMS Cardiac Arrest Event: Adding National element, usage Required, no longer allows Not Reporting, may be redundant with other elements, but used by State and Nation for reporting. Validation Proposed.

eCrew.02, Crew Member Level: Values changed, may require reconfiguration of staff profiles. See NEMSIS Change Log for details. If agency is using the OC-MEDS PCRS (Elite) this issue is under investigation for a bulk modification at the county level. dPersonnel.24/38 also affected.

eDispatch.01, Complaint Reported by Dispatch: New NEMSIS name (Dispatch Reason), OC-MEDS Label will not change. New values may need to be incorporated into CAD data integrations. See NEMSIS Change Log for details.

eDispatch.02, EMD Performed: Adding National element, usage Required, no longer allows Not Reporting. See CAD section on p12.

eDisposition.12, Incident/Patient Disposition: Element removed from NEMSIS, but will be maintained in OC-MEDS as a Required Custom element itDisposition.112. In the NEMSIS 3.5, five new elements eDisposition.27/28/29/30/31 provide for documenting Incident/Patient Disposition.

eDisposition.27, Unit Disposition, Mandatory. Validation Proposed.

eDisposition.28, Patient Evaluation/Care, Required. Validation Proposed.

eDisposition.29, Crew Disposition, Required. Validation Proposed.

eDisposition.30, Transport Disposition, Required. Validation Proposed.

eDisposition.31, Reason for Refusal/Release, Required. Validation Proposed.

Data Elements Affected (page 2/3)

eDisposition.17, Transport Mode from Scene: Existing Custom values of Code 2 vs Code 3 are being removed. NEMSIS standard of Emergent vs Non-Emergent will be implemented. All 911 transports are Emergent. Non-911 transports may be either depending on situation. <mark>Validated the same as before.</mark>

eDisposition.18, Additional Transport Mode Descriptors: Adding National element, usage Required, values used to indicate Code 2 vs Code 3 categories with detail. See NEMSIS 3.5 Data Dictionary for additional value options. <mark>This element will be validated for all transports.</mark>

eDisposition.21, Type of Destination: New values added that allow more detail. New values are most applicable for Non-Emergent, Non-911 transports. <mark>Validated the same as before.</mark>

eDisposition.23, Hospital Capability: Adding National element, usage Required, no longer allows Not Reporting. Added to Destination Panel. Will replace Specialty Center Triage (eOther.02). <mark>*Any data report or CQI Review that uses eOther.02 will need to be modified.*</mark> <mark>Validated whenever destination is a hospital.</mark>

eDisposition.24, <mark>Pre-Arrival Alert Type:</mark> National element, usage Required, no longer allows Not Reporting, <mark>*used by State and Nation for reporting. Should discuss need to validate.*</mark>

eDisposition.25, <mark>Date/Time Pre-Arrival Alert:</mark> National element, usage Required, no longer allows Not Reporting, <mark>*used by State and Nation for reporting. Should discuss need to validate.*</mark>

eExam.08, Chest/Lungs Assessment: Element removed, replaced by eExam.22/23/24/25.

eExam.22, Lung Assessment Finding Location

eExam.23, Lung Assessment

eExam.24, Chest Assessment Finding Location

eExam.25, Chest Assessment

ePatient.22, Alternate Home Residence: New element replaces Is Patient Homeless (itPatient.025). If you are using the old custom element for agency level reporting, <mark>those reports will need to be modified.</mark>

eResponse.05, Type of Service Requested: New values. See NEMSIS 3.5 Data Dictionary. May affect CAD integrations. <mark>Affects both 911 and non-911 incidents. Not included in any CAD integrations.</mark>

eResponse.07, Unit Transport and Equipment Capability: New name and new value set. <mark>Combines old eResponse.07 (Primary Role of Unit) and eResponse.15 (Level of Care of Unit). Labeling in OC-MEDS is still under consideration. This element is part of the Unit & Shift setup in Elite Field.</mark>

eResponse.08, Type of Dispatch Delay: National element, usage Required, no longer allows Not Reporting, but may be left blank. <mark>May want to consider adding to CAD integrations.</mark>

eResponse.09, Type of Response Delay: National element, usage Required, included in 3.4. <mark>Change proposed is to add a validation rule because it is a nationally required element.</mark>

eResponse.10, Type of Scene Delay: National element, usage Required, no longer allows Not Reporting, may be left blank. There is a value for None/No Delay. <mark>May want to consider a validation rule.</mark>

eResponse.11, Type of Transport Delay: National element, usage Required, included in 3.4. <mark>Change proposed is to add a validation rule because it is a nationally required element.</mark>

Data Elements Affected (page 3/3)

eResponse.15, Level of Care of This Unit (Level of Unit): Element removed, replaced by new eResponse.07. <mark>See notes on eResponse.07.</mark>

eResponse.23, Response Mode to Scene: Custom values of Code 2 vs Code 3 are being removed. NEMSIS standard of Emergent vs Non-Emergent will be used. All 911 transports are Emergent. Some CAD integrations will need to be modified. <mark>This element is still mandatory on all incidents.</mark>

eResponse.24, Additional Response Mode Descriptors: Adding National element, usage Mandatory, values used to indicate Code 2 vs Code 3 categories with detail. See NEMSIS 3.5 Data Dictionary. Some CAD integrations may want to include this new element. <mark>This element will be validated for all incidents.</mark>

eSituation.07, Chief Complaint Anatomic Location: National element, usage Required, no longer allows Not Reporting, <mark>may need to be validated.</mark>

eSituation.08, Chief Complaint Organ System: National element, usage Required, no longer allows Not Reporting, <mark>may need to be validated.</mark>

eSituation.10, Other Associated Symptoms: National element, usage Required, no longer allows Not Reporting, <mark>may need to be validated. New Pertinent Negative (PN) "Symptom Not Present" works to document lack of symptoms so if the patient's presentation requires you to evaluate for chest pain and the patient is negative you can document chest pain as Symptom Not Present. For familiarity, this is how eMedications.03 and eProcedures.03 also work.</mark>

eSituation.13, Initial Patient Acuity: National element, usage Required, no longer allows Not Reporting, validation similar to <mark>Primary Symptom</mark> (eSituation.09)

eSituation.19, Justification for Transfer or Encounter: New State element, usage Recommended, may be left blank. Some providers may need this for billing certain transports.

eSituation.20, Reason for Interfacility Transfer/Medical Transport: New National element, usage Required, may be left blank. Some providers may need this for billing certain transports.

eTimes.01, PSAP Call Date/Time: National element, usage Required, no longer allows Not Reporting, may be left blank. <mark>This element will need to come from CAD download or verbalized by Dispatch to field crews when pertinent.</mark>

Run Info Section, Incident Info Panel

PCR # (eRecord.01) removed because that element is autopopulated and is often not relevant for field crews. It has been moved to the new Data Details Panel.

Triage Tag # removed from this section. Still present in Scene Info Panel.

Vehicle (Unit) # and Unit Call Sign (eResponse.13/14) moved to Crew/Unit Info Panel. All elements included in the Elite Field shift configuration will land in that panel.

Unit Transport and Equipment Capability (eResponse.07) moved to Crew/Unit Info Panel, values reworked to include Level of Unit detail. This element is part of the Unit configuration in the Unit & Shift setup in Elite Field. Still listed there as Primary Role of this Unit. Working to update the label there.

Level of Unit (eResponse.15) removed from NEMSIS dataset. OC-MEDS will maintain it as an optional element (itResponse.115) so that agencies may have continuity if necessary. The element is set to be invisible on the default form unless requested. Can also be set as part of the Elite Field Unit configuration via Agency, Elite Field Configuration, Elite Field Dashboard Widgets, Level of Care of Unit Widget = Show.

Unit Dispatched (eTimes.03) added to allow for documentation without leaving panel view.

Type of Service Requested (eResponse.05) added to this section. NEMSIS added several new values to this element, splitting 911 response into three categories.

EMD Performed (eDispatch.02) is a National Required element, but can be left blank. It is visible when Type of Service = 911 Response (Scene). We may want to validate when visible. This element may be added to CAD integrations.

Unit En Route (eTimes.05) added to allow for documentation without leaving panel view.

Response Mode to Scene (eResponse.23) values have changed in a manner integral to documentation and reporting. Remains Mandatory on all incidents.

Response Mode Descriptors (eRespose.24) added to this section and now used to document and monitor Code 2 vs Code 3 and other descriptors. Validated. Mandatory on all incidents. Multiple select.

Type of Response Delay (eResponse.09) added to this panel. In many cases we are leaving elements in their original locations to allow for new and old workflows to function on the new form. Type of Response Delay is still in the Response Information Panel (relabeled as Scene Info Panel).

Arrived on Scene (eTimes.06) added to allow for documentation in line with the following elements that are determined after arrival on scene.

First EMS Unit on Scene (eScene.01) added to allow for in line documentation of the following elements.

Run Info Section, Incident Address Panel (no changes)

Run Form Modifications and Documentation Changes (page 2/8)

Run Info Section, Scene Info Panel (Response Info relabeled as Scene Info to be more descriptive)

Type of Service Requested (eResponse.05) moved to Incident Info Panel.

Arrived on Scene (eTimes.06) added.

First EMS Unit Arriving / Other Unit On Scene (itDisposition.031) added to follow existing First EMS Unit on Scene element.

Other Agencies on Scene grid (eScene.02/03) also added for same reason.

Transfer From Agency (itDisposition.032) added here because this element has expanded usage in NEMSIS 3.5 standard. See Crew Disposition (eDisposition. 29). Also present in Disposition, Disposition Detail with original label, Received From Agency.

Type of Scene Delay (eResponse.10) added per NEMSIS requirement. This element is also in the Disposition Section, Disposition Detail Panel. Will be validated on all incidents with patient dispositions. Has a value for None/No Delay.

Run Info Section, Crew / Unit Info Panel (name changed from Crew Info and resorted)

Vehicle (Unit) # and Vehicle (Unit) Call Sign (eResponse.13/14) added, removed from Incident Info Panel.

Type of Unit (eResponse.07) added, removed from Incident Info Panel.

Run Info Section, Dispatch Detail Panel (new Panel)

Various dispatch specific elements have been included. No validated elements.

Run Info Section, Data Detail Panel (new Panel)

Various data related elements have been included. All automated, read only.

Pt. Info/Hx Section, Patient Info Panel

Patient Email Address (ePatient.19) added. Not validated.

Race (ePatient.14) added. Not validated.

Run Form Modifications and Documentation Changes (page 3/8)

Pt. Info/Hx Section, Patient Address Panel

Alternate Home Residence (ePatient.22) replaces Is Patient Homeless (itPatient.025)

Pt. Info/Hx Section, History Panel

"(OCPRHIO HIE Notes)" removed from label of Past Medical History Notes (itHistory.011) to indicate that this field should be used by field providers to document additional pertinent details.

Non-911 Transports require two new elements to justify transport. Justification for Non-911 Medical Transport (eSituation.19) and Reason for Non-911 Medical Transport (eSituation.20). These elements will be in multiple locations and validated based on Type of Service (eResponse.05).

Pt. Info/Hx Section, Allergies Panel

"(OCPRHIO HIE Notes)" removed from label of Allergies Notes (itHistory.023) to indicate that this field should be used by field providers to document additional pertinent details.

Pt. Info/Hx Section, Medications Panel

"(OCPRHIO HIE Notes)" removed from label of Current Medication Comments (itHistory.007) to indicate that this field should be used by field providers to document additional pertinent details.

Pt. Info/Hx Section, Patient Physician (no changes)

Pt. Info/Hx Section, DNR/Advance Directives (no changes)

Assess / Treat Section, PAT (Pedi Assessment Triangle) Panel (new Panel)

Added 4 new Supplemental Questions to document the PAT

Assess / Treat Section, C/C / Impression Panel

Chief Complaint Anatomic Location (eSituation.07) added. Required to be on the form. ==Validated.==

Chief Complaint Organ System (eSituation.08) added. Required to be on the form. ==Validated.==

Other Associated Symptoms (eSituation.10) added. Required to be on the form. ==Validated.==

Initial Patient Acuity (eSituation.13) added. Required to be on the form. ==Validated.==

Run Form Modifications and Documentation Changes (page 4/8)

Assess / Treat Section, Treat / Response Panel

Primary Assessment / Vitals / GCS / PQRST / Stroke

Several vitals signs added over the past few years, dictionary not updated. No change from current run form to the new 3.5 run form. Additions to the dictionary are ECG Type (eVitals.04), Method of ECG Interpretation (eVitals.05), Mean Arterial Pressure (eVitals.09), Method of Heart Rate Measurement (eVitals.11), Respiration Regularity (itVitals.003), and Stroke Scale Grip Strength (itVitals.057). No changes in validation.

Blood Glucose Level (eVitals.18) changed to allow documentation of High/Low. ItVitals.018 no longer needed to document High/Low.

Secondary Assessment

Chest/Lung Assessment (eExam.08) was replaced by separate grids, Chest Exam (eExam.24/25) and Lung Exam (eExam.22/23). Not Validated.

Protocols Used added. Required to be on the form. Not Validated.

Medical Devices (no change)

Medications

Medication Authorizing Physician (eMedications.12) was added to the run form previously. It will be added to the dictionary in this update. Not Validated.

Procedures

IV/IO Location added. It was previously in the IV Power Tool only.

Advanced Airway (no change)

Ventilator Settings (no change)

Ventilator Additional Settings (no change)

Assess / Treat Section, Injury Panel (no changes)

Assess / Treat Section, Injury Detail Panel

Removed note about trauma triage guideline changes that occurred in April 2019, Policy 310.30

Assess / Treat Section, Cardiac Arrest Panel (no changes)

Run Form Modifications and Documentation Changes (page 5/8)

Assess / Treat Section, Cardiac Arrest Detail Panel

CPR Care Provided Prior to EMS Arrival (eArrest.05), Who Provided CPR Prior to EMS Arrival (eArrest.06) and Who Used AED Prior to EMS Arrival (eArrest.08) have been replaced by Who First Initiated CPR (eArrest.20), Who First Applied the AED (eArrest.21), and Who First Defibrillated the Patient (eArrest.22). Validated in the same manner.

Types of CPR Provided (eArrest.09) added. <mark>Validated.</mark>

End of EMS Cardiac Arrest Event (eArrest.18) added. <mark>Validated.</mark>

Assess / Treat Section, Stroke Panel (no change)

Assess / Treat Section, STEMI Panel (no change)

Assess / Treat Section, Narrative Panel (no change)

Transport Section (renamed to Disposition)

Transport Panel named changed to Disposition to more accurately reflect the Panel which includes documentation of more than just the transport.

Disposition Section, Disposition Section (new)

This section holds the preset value buttons that make documenting the five new dispositions easier. The labels are based off of the old Patient/Incident Disposition (eDisposition.12).

We will continue to use eDisposition.12 carried over into the 3.5 standard as a custom element itDisposition.112. This element is being carried over without change.

Existing validation rules built off of eDisposition.12 will remain the same unless specifically noted.

There are two panels for consideration, one panel with revised labels that allow the buttons to display as a single line, and one panel with the original labels that produce buttons of varying size.

Run Form Modifications and Documentation Changes (page 6/8)

Disposition Section, Disposition Detail Panel (new)

The old Disposition panel is being split into two panels, Disposition Detail and Transport.

The flow is designed chronologically through the decision to transport. The first element is a date/time for Field Transfer of Care. This element was previously only available in Times Power Tool.

Type of Scene Delay (eResponse.10) added. This element is a NEMSIS requirement. Will be validated for all incidents with a patient. May be documented as None/No Delay.

Unit Left Scene (eTimes.09) added. This element was previously only available in Times Power Tool. Will also be available in Transport Section with original label, En Route Facility. This element applies to dispositions with and without transport.

Base Hospital Contact elements are included so that the Transport panel does not need to be used when the patient is not transported, e.g. BHC-AMA.

New disposition elements (eDisposition.27/28/29/30/31) Unit, Patient Evaluation/Care, Crew, Transport, Refusal/Release are all in this Section. Many of these will be defaulted in association with itDisposition.112 but some will require manual documentation. For instance ALS Eval/BLS only defaults Patient Evaluation/Care and Unit Disposition. All are required and will be validated.

Existing transfer related elements are found in this panel. Received From Agency (itDisposition.032 also found in Run Info, Scene Info Panel. Transferred To Agency (itDisposition.034). Transporting Agency (itDisposition.038). Transporting Unit Number (itDisposition.017).

Referral to Other Services SQ is here. As are Base Hospital elements so for AMA's you don't need to go to Transport or Destination panels.

Disposition Section, Transport Panel (new)

Standard transporting elements are here. EMS Transport Method (eDisposition.16). Type of Transport Delay (eResponse.11). Transporting Agency (itDisposition.038). Transp Unit Number (itDisposition.017).

Reason for Choosing Destination (eDisposition.20) is here and in Destination Panel because this decision often occurs at the same time as the transport mode decision.

Transport Mode (eDisposition.17) is affected by new NEMSIS standard is the same way as Response Mode (eResponse.23). Now emergent vs non-emergent. All 911 incidents are emergent.

Transport Mode Descriptors (eDisposition.18) is required by new NEMSIS standard and is where we will document Code 2 vs Code 3 transport.

Number of Patients Transported in this Unit (eDisposition.11) was Optional in 3.4. Is now Recommended and part of the State level dataset.

En Route Facility (eTimes.06) is here. Previously only available in Power Tool. Now in multiple panels.

Receiving Facility Contact grid (eDisposition.24/25) added. Will also be in Destination Section. Element is a new NEMSIS requirement. Will be validated on all ALS level incidents. May answer "No".

<u>**Run Form Modifications and Documentation Changes (page 7/8)**</u>

Disposition Section, Overall Impression Panel

Level of Care Provided per Protocol (eDisposition.32) new element. Required in 3.5 standard. Will be validated.

Notify Crew of Outcome Data (itOutcome.044) added to multiple locations. Must be answered for crew to receive notification in OC-MEDS regarding outcome data returned from hospital.

Disposition Section, Destination Panel

Receiving Facility Contact grid (eDisposition.24/25) added for redundancy and alternate workflow. Element is a new NEMSIS requirement. Will be validated on all ALS level incidents. May answer "No".

Hospital Capability (eDisposition.20) is a new requirement. Replaces Specialty Center Triage (eOther.02).

Times elements included.

Barcode Scanner and new fields for Hospital Medical Record/Encounter Number (eOutcome.03/04) required for Bi-Directional Data Exchange. Will be validated on all 911 incidents.

Disposition Section, Destination Address Panel

Added to provide a panel that just has the destination address, primarily for non-emergent transport to non-medical addresses. With this panel you do not have to scroll all the way to the bottom of the Destination panel to access the destination address.

Disposition Section, 9-1-1 IFT Report Panel (no change)

Disposition Section, Odometer Panel

Added the other NEMSIS odometer elements.

Disposition Section, Valuables Panel (no change)

Disposition Section, Dest. Radio Panel (no change)

Billing Section, **Transport Reason Indicators Panel** (only panel in Billing section with change)

Non-911 Transports require two new elements to justify transport. Justification for Non-911 Medical Transport (eSituation.19) and Reason for Non-911 Medical Transport (eSituation.20). These elements will be in multiple locations and validated based on Type of Service (eResponse.05).

Run Form Modifications and Documentation Changes (page 8/8)

Signatures Section (no change)

Radio Rep Section (no change)

Reporting Reqs, Outcomes (HDDS) Panel (new)

Added the outcome elements that are part of the HDDS policy and bi-directional data exchange

Elements Related to CAD Integrations (page 1/1)

We are working to have CAD files posted for all test agencies in OC-MEDS to download. The CAD files are agency specific so we are only doing this for agencies that have an active CAD integration. We will notify each agency once we have a CAD file posted to their test agency site.

We also evaluated a sample of CAD files and have the following general findings:

Type of Dispatch Delay (eResponse.08), National element, usage Required, no longer allows Not Reporting, but may be left blank. This element should be documented by dispatch and included in CAD integrations when available. Because this element is a dispatch element, we do not plan to validate it on the OC-MEDS ePCR in Elite Field.

Type of Response (eResponse.05), the value modifications may require like modifications to CAD integrations that include this element. We will let agencies know if this is pertinent. Care, Emergency

PSAP (eTimes.01), National element, usage Required, no longer allows Not Reporting, but may be left blank. This element is already being sent by most of our CAD integrations. It's just not being sent all the time, so dispatch centers may need to be evaluated to confirm that the element is being documented when pertinent. Because this element is a dispatch element, we do not plan to validate it on the OC-MEDS ePCR in Elite Field.

Response Mode and Descriptors (eResponse.23/24) will require changes if your CAD integrations include these elements. The new values for Response Mode (eResponse.23) must be incorporated if you wish to continue including this element in your integration. And if still want to push Code 2 vs Code 3 data via CAD integrations the new element eResponse.24 will need to be added to your integration. We will let agencies know if this is pertinent. Care, Emergency, Lynch

EMD Performed (eDispatch.02), National element, usage Required, no longer allows Not Reporting, but may be left blank. We do not currently include this in any CAD integrations, but we recommend that agencies that perform EMD work to include this element in their CAD integrations. Although it may be easy enough to have field crews document. This gets evaluated nationally and if you are doing it, you should get credit for doing so. However, because this element is a dispatch element, we do not plan to validate it on the OC-MEDS ePCR in Elite Field.

Validation Rule Modifications and Changes (page 1/1)

Types of CPR Provided (eArrest.09), 1 pt, required on all cardiac arrests. #118

Cardiac Arrest Disposition (eArrest.18), 1 pt, required on all cardiac arrests. #125

Who First Initiated CPR (eArrest.20), 1 pt, replaces rule 116/167 (eArrest.05/06). #2278

Who First Applied the AED (eArrest.21), 1 pt, replaces rule 168 (eArrest.08). #2279

Who First Defibrillated the Patient (eArrest.22), 1 pt, replaces rule 168 (eArrest.08). #2280

Hospital Capability-Specialty (eDisposition.23), 1 pt, replaces 1097 (eOther.02). #2281

Unit Disposition (eDisposition.27), 15 pts, mandatory on all incidents. #2288

Patient Evaluation/Care (eDisposition.28), 5 pts, required on all incidents. #2289

Crew Disposition (eDisposition.29), 5 pts, required on all incidents. #2290

Transport Disposition (eDisposition.30), 5 pts, required on all incidents. #2291

Reason for Refusal/Release (eDisposition.31), 1 pt, required on applicable incidents. #2292

Level of Care Provided per Protocol (eDisposition.32), 5 pts, required on all applicable incidents. #2293

Transport Mode Descriptors (eDisposition.18), 15 pts, required on all transports, augments rule 145 (eDisposition.17) in the same manner as eResponse.23/24. #2294

Hospital Capability (eDisposition.23), 1 pt, required on all transports with hospital destination. #2295

Pre-Arrival Alert Type (eDisposition.24), 1 pt, required on all ALS level transports. #2312

Pre-Arrival Alert Time (eDisposition.25), 1 pt, required on all ALS level transports. #2313

Response Delay (eResponse.09), 1 pt, required on all responses. #2315

Scene Delay (eResponse.10), 1 pt, required on all patient contacts. #2314

Type of Transport Delay (eResponse.11), 1 pt, required on all transports. #90

Response Mode Descriptors (eResponse.24), 15 pts, mandatory on all incidents, augments rule 82 (eResponse.23) in the same manner as eDisposition.17/18. #2276

Chief Complaint Anatomic Location (eSituation.07), 1 pt, required on all patient contacts. #105

Chief Complaint Organ System (eSituation.08), 1 pt, required on all patient contacts. #106

Other Associated Symptom (eSituation.10), 1 pt, required on all patient contacts. #2277

Initial Patient Acuity (eSituation.13), 1 pt, required on all patient contacts. #111

Destination Report Identifier (eOutcome.03/04), 1 pt, required to receive outcome data. #2285

APOT (eTimes.11/12), 0 pt, caution flag for APOT <1minute. #2254