EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: October 11, 2023

TO: Local EMS Administrators

Local EMS Medical Directors

EMS Providers

EMS Systems Partners

FROM: Elizabeth Basnett

Director

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Acting Chief Medical Officer

SUBJECT: National EMS Information System (NEMSIS) Version 3.5 Transition Reminder

Reminder

NEMSIS Version 3.5:

On February 14, 2023, the California EMS Information System (CEMSIS) was determined compliant with NEMSIS Version 3.5 by the University of Utah. The Emergency Medical Services Authority's (EMSA's) preparation efforts for NEMSIS V3.5 compliance have occurred simultaneously alongside 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 December 31, 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 database on the sunset of V3.4.

EMSA has outlined the following information to assist local EMS agencies (LEMSAs) and EMS providers with clarification 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, EMSA will set the "minimum standards for the implementation of data collection, including system operation, patient outcome and performance quality

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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 EMSA. EMSA 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.

On January 1, 2023, EMSA began transitioning away from using LEMSA-generated APOT reports and is moving toward solely utilizing 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, EMSA 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. 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; 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

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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 EMSA, including California-specific criteria that expand or limit the responses for any NEMSIS element. EMS providers shall use California specific value sets for the following elements as defined on the CEMSIS page of EMSA's website:
 - Provider Agency List (dAgency.01) Providers shall only use their EMSA assigned CEMSIS Identification number noted on the Provider Agency List (dAgency.01) and must request a new number through EMSA.
 - Facility Identification (dFacility.02/dFacility.03)
 - Cause of Injury (elnjury.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 (or directly to EMSA, where permitted) from a NEMSIS-compliant software vendor including fields identified in the NEMSIS standard as mandatory, required, recommended and optional, as well as 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 defied 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.

NEMSIS V3.5 Workshops:

From August to October 2023, EMSA hosted monthly virtual workshops to discuss the upcoming transition to NEMSIS Version 3.5. This workshop was an opportunity for data and administrative staff, software vendors, and EMS providers to learn more about NEMSIS version 3.5 and have questions answered about data issues related to the transition. The presentation can be found on the website: www.emsa.ca.gov/CEMSIS under CEMSIS update.

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