



**Data
Managers
Council**



EXTENDED DATA DEFINITIONS

NEMSIS Version 3.5.0

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

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

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GLOSSARY OF TERMS

ACTIVATION, EVENT:	An occurrence which initiates an EMS response with the potential of patient medical care. This is also referred to as an EMS “call” or “run.”
EMS PROVIDER	For the purposes of this document, the term EMS Provider is considered too broad and does not accurately describe the distinct discipline and profession that has emerged within the out-of-hospital healthcare field. The term “EMS Clinician” because it is more specified and accurately describes the distinct discipline and profession that has emergency within the out-of-hospital healthcare field.
PATIENT:	For the purposes of this document, the word patient is a generalized term indicating an individual who was encountered as part of a response. Evaluation of the scene and the individual(s) clinical condition will determine whether the individual may or may not meet state, local, or protocol definition of a patient. For example, an individual evaluated and determined not to require care may be associated with a Non-Patient Incident (not otherwise listed) eDisposition. ²⁷ or No transport eDisposition. ³⁰ .
SERVICE:	The EMS unit or agency.
SCENE:	The location to which EMS responded.
TREATMENT:	Encompasses both evaluation and/or care.
UNIT:	Depending on context of the Value, could be Vehicle or Service/Agency.

ELEMENTS AND VALUE DEFINITIONS

eArrest.01 – Cardiac Arrest

Definition: Indication of the presence of a cardiac arrest at any time during this EMS event.

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
3001001	No
3001003	Yes, Prior to Any EMS Arrival (includes Transport EMS & Medical First Responders)
3001005	Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders)

Extended Definitions

YES, PRIOR TO ANY EMS ARRIVAL:

If this EMS event is for an interfacility transfer of a patient with a recent history of a cardiac arrest with ROSC, and who does not experience another cardiac arrest during transport, then do **NOT** document Cardiac Arrest (eArrest.01) with "Yes, Prior to Any EMS Arrival (includes Transport EMS & Medical First Responders)".

YES, AFTER ANY EMS ARRIVAL:

EMS is defined as Emergency Medical Services personnel and Medical First Responder personnel who respond to a medical emergency in an official capacity as part of an organized medical response team. By this definition, physicians, nurses, or paramedics who witness a cardiac arrest and initiate CPR but are not part of the organized medical response team are characterized as bystanders and are not part of the EMS system.

Medical First Responders are defined as personnel who are dispatched through the 9-1-1 system, respond in an official capacity, have the capability and/or training to provide emergency medical care, but are not the designated transporter of the patient. Thus, law enforcement officers who respond in an official capacity to a cardiac arrest, have the capability and/or training to provide emergency medical care (e.g., carry AEDs in their patrol vehicles, hold EMR licensure, are CPR certified, etc.) are considered Medical First Responders for the purposes of this data element.

Responders dispatched through the 9-1-1 system with no capability of providing emergency medical care are not considered Medical First Responders. For example, towing and wrecking responding to a vehicle crash, or law enforcement officers who do not provide any emergency medical care would not be considered Medical First Responders.

eDisposition.12 – Incident/Patient Disposition: NO LONGER IN USE

NEMESIS Comment: This element was deprecated. The following elements were added to improve accuracy and provide clarity in describing the EMS activation: eDisposition.27: Unit Disposition, eDisposition.28: Patient Evaluation/Care, eDisposition.29: Crew Disposition, eDisposition.30: Transport Disposition, and eDisposition.31: Reason for Refusal/Release.

eDisposition.18 – Additional Transport Mode Descriptors

Definition: The documentation of transport mode techniques for this EMS response.

Usage: Must complete
Select all applicable
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4218001	Intersection Navigation-Against Normal Light Patterns
4218003	Intersection Navigation-With Automated Light Changing Technology
4218005	Intersection Navigation-With Normal Light Patterns
4218007	Speed-Enhanced per Local Policy
4218009	Speed-Normal Traffic
4218011	Lights and Sirens
4218013	Lights and No Sirens
4218015	No Lights or Sirens
4218017	Initial No Lights or Sirens, Upgraded to Lights and Sirens
4218019	Initial Lights and Sirens, Downgraded to No Lights or Sirens

NEMESIS Comment: Information is split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

Extended Definitions

INTERSECTION NAVIGATION-AGAINST NORMAL LIGHT PATTERNS:

Traveled through intersections controlled by traffic lights or stop signs against the right-of-way according to standard, non-emergency traffic laws with, or without, the use of emergency lights and sirens (e.g., approached a red traffic light and proceeded through the intersection while the light was still red with cross-road traffic traveling through the intersection on their own green light).

INTERSECTION NAVIGATION-WITH AUTOMATED LIGHT CHANGING TECHNOLOGY:

Intersection navigation with the use of technology for traffic signal preemption (also called traffic signal prioritization) to manipulate traffic signals in the path of an emergency vehicle, halting conflicting traffic and allowing the emergency vehicle right-of-way, to help reduce response times and enhance traffic safety. These types of systems allow the normal operation of traffic lights to be preempted or controlled using radio or strobe light based signaling systems and may be used on conjunction with emergency lights and sirens.

INTERSECTION NAVIGATION-WITH NORMAL LIGHT PATTERNS:

Traveled through intersection-controlled traffic lights or stop signs according to standard, non-emergency state and federal traffic laws (e.g., approached a red traffic light and waited for the light to change to green before proceeding through the intersection).

SPEED-ENHANCED PER LOCAL POLICY:

When an emergency service vehicle exceeded posted speed limits, within the limits of state or local laws or agency policy during a patient transport (e.g., some laws allow emergency services vehicles to exceed posted speed limits by 10 mph when transporting an emergent patient provided the vehicle driver exercises due caution/regard).

SPEED-NORMAL TRAFFIC:

Adhered to posted speed limits while transporting a patient, regardless of patient priority or use of lights and sirens, to insure a safe and stable transport environment.

LIGHTS AND SIRENS:

Used flashing, blinking, or rotating lights (may be a combination of red, blue, white, and amber colors), and audible sirens mounted on an emergency services vehicle in order to manage and alert traffic that they need to yield the right-of-way to the emergency vehicle during patient transport.

LIGHTS AND NO SIRENS:

Use of only flashing, blinking, or rotating lights (may be a combination of red, blue, white, and amber colors), mounted on a responding emergency services vehicle in order to manage and alert traffic that they need to yield the right-of-way to the emergency vehicle. This traffic alert mode uses lights only without any use of audible sirens.

NO LIGHTS OR SIRENS:

Transported a patient by an emergency services vehicle without the use of any emergency traffic alert lights or sirens.

INITIAL NO LIGHTS OR SIRENS, UPGRADED TO LIGHTS AND SIRENS:

A transport where the crew initiated the transport without the use of lights or sirens, but either patient condition changed, increasing the transport priority, or traffic conditions changed requiring the use of lights and sirens for a safe and timely transport.

INITIAL LIGHTS AND SIRENS, DOWNGRADED TO NO LIGHTS OR SIRENS:

A transport where the responding vehicle initiated the response with the use of lights or sirens, but either patient condition changed, decreasing the response priority, or traffic conditions improved and the use of lights and sirens was no longer required for a safe and timely response.

This value is often used with a paramedic intercept, where a BLS crew used lights and sirens to make contact with a paramedic, who then stabilized the patient such that the transport priority was decreased.

eDisposition.27 – Unit Disposition

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

Usage: Must complete
Select only one
Does not allow NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4227001	Patient Contact Made
4227003	Cancelled on Scene
4227005	Cancelled Prior to Arrival at Scene
4227007	No Patient Contact
4227009	No Patient Found

Extended Definitions

PATIENT CONTACT MADE:

This crew/unit arrived on-scene and made contact with a patient. The definition of a "Patient" is based on state regulations, protocols or local agency policies. There is too much variation in this definition by region and therefore no global definition should be set in the NEMESIS dataset.

CANCELLED ON SCENE:

This crew/unit arrived on-scene but was cancelled by another unit prior to having any potential patient contact or providing any services. An example scenario would be a first responder unit arrives, realizes they have a patient refusal as the transport unit arrives on scene and the first responder unit cancels the transport unit before they can do anything.

CANCELLED PRIOR TO ARRIVAL AT SCENE:

This crew/unit was cancelled before arriving on-scene; therefore, it is unknown whether there could have been a patient or not. Unit may be cancelled prior to, or during response.

NO PATIENT CONTACT:

This crew/unit arrived on-scene but this crew/unit made no contact with a patient. Generally, this will mean a patient was present with another unit having patient contact, with this unit not having patient contact. This unit can still be providing rescue and support services to the incident in this case.

NO PATIENT FOUND:

This crew/unit arrived on-scene and looked for a patient, but none was found. The patient may have left the scene, or caller was mistaken and there never was a patient. For example, this unit may have been dispatched to an unconscious person, but arrived to find a college student just taking a nap on the lawn.

NON-PATIENT INCIDENT (NOT OTHERWISE LISTED):

This crew/unit provided some sort of service that did not involve a patient. The definition of a "Patient" is based on state regulations, protocols or local agency policies. This type of incident could be a standby with no patient generated, organ transport, lift or public assist that was truly not a patient, or unit may have provided event command services.

eDisposition.28 – Patient Evaluation/Care

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

Usage: Must complete
Select only one

Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4228001	Patient Evaluated and Care Provided
4228003	Patient Evaluated and Refused Care
4228005	Patient Evaluated, No Care Required
4228007	Patient Refused Evaluation/Care
4228009	Patient Support Services Provided

Extended Definitions

PATIENT EVALUATED AND CARE PROVIDED:

A patient was present, evaluated, and care was provided by this crew. This is the standard situation where a patient was present and cared for or “treated”, without refusal, by EMS. This is also the appropriate selection for when a non-transporting crew (agency) assisted with the care of the patient (i.e. administered medication, procedures, vitals).

EMS PATIENT EVALUATED AND REFUSED CARE:

A patient was present and was evaluated by this crew, but the patient refused all care. The patient may or may not be transported in combination with this value. Refusal of individual interventions should be documented in the appropriate medication or procedure and the patient disposition should be patient evaluated and care provided.

PATIENT REFUSED EVALUATION/CARE:

A patient was present and refused any evaluation or care by this crew. This value should only be combined with “Patient Refused Transport” or “No Transport.”

PATIENT EVALUATED AND NO CARE REQUIRED:

A patient was present and was evaluated by this crew, but no care appeared to be required. Crews would need to evaluate someone in order to determine that no care was required. An example would be a DOA with no resuscitation attempted; obvious death; community paramedicine.

PATIENT SUPPORT SERVICES PROVIDED:

This unit provided support services to another crew/unit providing care. Support services could include extrication, carrying bags or helping to move a patient. This reporting crew/unit did not have patient contact but another crew/unit did.

NOT VALUE

NOT APPLICABLE: There was no patient per the unit disposition, therefore patient evaluation

and care is not applicable.

eDisposition.29 – Crew Disposition

Definition: The crew disposition for this EMS event identifying which crew provided primary patient care or whether support services were required provided by this reporting crew/unit.

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4229001	Initiated and Continued Primary Care
4229003	Initiated Primary Care and Transferred to Another EMS Crew
4229005	Provided Care Supporting Primary EMS Crew
4229007	Assumed Primary Care from Another EMS Crew
4229009	Incident Support Services Provided (Including Standby)
4229011	Back in Service, No Care/Support Services Required
4229013	Back in Service, Care/Support Services Refused

NEMESIS Comment: This element is grouped with Patient and Transport Dispositions.

Extended Definitions

INITIATED AND CONTINUED PRIMARY CARE:

This crew began primary care for this patient with no previous care provided on-scene and did not transfer the care to another unit. Generally, this will be a one-unit response where there is only one crew on the responding unit and no other crew or unit was present. If multiple units from the same agency respond to an incident as an organized response and local rules do not require each unit to do a separate report, then this value would apply to the "agency" response of multiple units under one report. For transfers, "Primary Care" is considered to begin once crew receives responsibility for the patient and any care provided by the sending facility does not qualify as previous care for this value.

INITIATED PRIMARY CARE AND TRANSFERRED TO ANOTHER EMS CREW:

This crew began primary care for this patient with no previous care provided on scene and then transferred the care to another unit.

PROVIDED CARE SUPPORTING PRIMARY EMS CREW:

Another crew started and continued primary care and this unit provided patient care supporting the primary crew’s care. For example, first responders arrived at the same time or later than the transport crew and helped provide care, but were not the primary crew in charge of patient care.

ASSUMED PRIMARY CARE FROM ANOTHER EMS CREW:

This crew assumed primary care of a patient that was initiated by another EMS Crew. This would commonly be used by an ALS intercept unit arriving and taking over primary care from a BLS unit.

INCIDENT SUPPORT SERVICES PROVIDED (INCLUDING STANDBY):

This crew/unit provided non-patient care support services to an incident in general or to another unit/crew that is providing patient care. Support services could include extrication, carrying bags or equipment, helping move a patient, standby for police or a fire or fire rehab services where no one rose to the level of a patient.

BACK IN SERVICE, NO CARE OR SUPPORT SERVICES REQUIRED:

This crew/unit is immediately back in service as there was no patient care or support services required of the crew/unit at the incident. This would primarily apply if no patient was found or if unit was cancelled on scene.

BACK IN SERVICE, CARE OR SUPPORT SERVICES REFUSED:

This crew/unit is back in service after patient care or support services were refused despite being offered. No care or support services should be provided; however, an evaluation may have occurred prior to refusal of any care.

NOT VALUE

NOT APPLICABLE: The unit was cancelled prior to arrival on scene per the Unit Disposition, therefore this Crew Incident Disposition is Not Applicable.

eDisposition.30 – Transport Disposition

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

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4230001	Transport by This EMS Unit (This Crew Only)
4230003	Transport by This EMS Unit, with a Member of Another Crew
4230005	Transport by Another EMS Unit
4230007	Transport by Another EMS Unit, with a Member of This Crew
4230009	Patient Refused Transport
4230011	Non-Patient Transport (Not Otherwise Listed)
4230013	No Transport

NEMESIS Comment: This element is grouped with Patient and Incident Dispositions. Provides a rapid filter for transport or no transport for incident evaluation, business entry rules and Schematron rules.

Extended Definitions

TRANSPORTED BY THIS EMS UNIT (THIS CREW ONLY): A patient was transported in this crew's unit by only this crew. This would be a standard ambulance transport. This should also be used if the crew transports the patient any distance to a helicopter or other EMS ground transport unit that subsequently transports to the final destination. In this case, the type of destination for this crew should be "Other EMS Air or Ground."

TRANSPORTED BY THIS EMS UNIT, WITH A MEMBER OF ANOTHER CREW:

A patient was transported in this crew's unit with this crew and member(s) of another crew. Common uses would be when the primary transport crew needs additional assistance from another crew during transport or when an intercepting ALS provider is on board.

TRANSPORTED BY ANOTHER EMS UNIT:

The patient was transported, but by another crew/unit. For example, a non-transport unit providing and transferring care to another crew/unit who then transports the patient. A destination for the transport should be the listed so the receiving facility can access the non-transport EMS record.

TRANSPORTED BY ANOTHER EMS UNIT, WITH A MEMBER OF THIS CREW:

The patient is transported in another crew's unit with a member of this crew. This would be used when an ALS intercept provider transports in another crew's unit or this crew provides additional assistance to the other unit during transport.

PATIENT REFUSED TRANSPORT:

Patient refused EMS transport. This would apply to a standard patient refusal of transport or when a patient was treated and chose to be transported by law enforcement or private vehicle.

NON-PATIENT TRANSPORT (NOT OTHERWISE LISTED):

A transport occurred but did not include a patient. This could include transport of organs, special equipment-such as bariatric equipment or an air crew to or from their aircraft without a patient.

NO TRANSPORT:

No transport of a patient occurred. For example, following a lift assist that did not require a refusal.

NOT VALUE

NOT APPLICABLE: There was no patient per the Unit Disposition, and a non-patient transport did not occur, therefore this value would be Not Applicable.

eHistory.17 – Alcohol/Drug Use Indicators

Definition: Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.

Usage: Must complete
Select all applicable
Allows for NOT values

DMC Comment: Additional values need to be added and some tweaked to cover more scenarios (e.g., patient presents with an altered mental status with an unknown etiology, patient reported to have ingested an unknown substance).

Pertinent Negatives (PN):

Code	Description
8801015	None Reported
8801023	Unable to Complete

Code List (Values)

Code	Description
3117001	Alcohol Containers/Paraphernalia at Scene
3117003	Drug Paraphernalia at Scene
3117005	Patient Admits to Alcohol Use
3117007	Patient Admits to Drug Use
3117009	Positive Level known from Law Enforcement or Hospital Record

Extended Definitions

NONE REPORTED (PN):

Situations where this option is applicable:

- The patient (or the EMS crew) identified that the use of alcohol or drugs were unrelated to the patient's condition;
- There was no apparent alcohol or drug use; or
- Patient denied the use/misuse of drugs or alcohol.

UNABLE TO COMPLETE (PN):

Patient was unable to confirm or deny drug or alcohol use for any reason (e.g., unconsciousness, language barrier, or other physical impairment/barrier). This value would also be appropriate if there was not enough patient contact or no other indicators are present to determine.

ALCOHOL CONTAINERS/PARAPHERNALIA AT SCENE:

Refers to any material/object used in the intake of alcohol into the human body.

DRUG PARAPHERNALIA AT SCENE:

Any material/object used in manufacturing, producing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing into the human body or misuse of a substance.

PATIENT ADMITS TO ALCOHOL USE:

By written, verbal, or motor action (e.g., head nod), patient admitted to consuming alcohol or being under the influence of alcohol. Patient does not have to meet any legal standard of intoxication for this purpose.

PATIENT ADMITS TO DRUG USE:

By written, verbal, or motor action (e.g., head nod), patient admitted to injecting, ingesting, inhaling, or being under the influence of drugs. Patient does not have to meet any legal standard of intoxication for this purpose.

POSITIVE LEVEL KNOWN FROM LAW ENFORCEMENT OR HOSPITAL RECORD:

Third-party report of drug or alcohol use based on a diagnostic source (e.g., breathalyzer, blood, urine, field narcotic test, field sobriety test, or other patient record).

PHYSICAL EXAM INDICATES SUSPECTED ALCOHOL OR DRUG USE:

EMS clinician observation of an alcohol-like odor coming from the patient or signs and symptoms of suspected drug use.

This value would also be appropriate if patient's condition improved after administration of an opioid antagonist.

eMedication.07 – Response to Medication

Definition: The patient's response to the medication.

Usage: Must complete
Select only one
Allows for NOT values

PERTINENT NEGATIVES ENTERED WITH *eMEDICATION.03 – MEDICATION GIVEN*

When *eMedication.03 – Medication Given* has a medication entered with a Pertinent Negative (“Contraindication Noted”, “Denied by Order”, “Refused”, “Unable to Complete”, “Medication Already Taken”, “Medication Allergy”, etc.) a value for **eMedication.07 – Response to Medication** could be "Improved", "Unchanged", "Worse", or "Not Applicable", depending on any clinical changes by the patient or the situation as a response to receiving or not receiving the medication.

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
9916001	Improved
9916003	Unchanged
9916005	Worse

Extended Definitions

IMPROVED:

The medication had its intended therapeutic effect and the patient's symptoms decreased or clinical condition improved or resolved. The word "effective" could generally be substituted for "improved."

If a patient had the intended therapeutic response to the medication, but a side effect that caused a clinical deterioration in another body system, then "Improved" should be chosen and the side effects documented as a complication (e.g., nitroglycerin improved chest pain but dropped the blood pressure).

UNCHANGED:

The medication was ineffective and had no intended therapeutic effect or had a sub-therapeutic and unnoticeable effect, AND the patient condition did not deteriorate.

WORSE:

The patient condition deteriorated or continued to deteriorate because either the medication:

1. Was ineffective and had no intended therapeutic effect, or
2. Had a sub-therapeutic effect that was unable to stop or reverse the decline in patient condition, or
3. Administration of the medication preceded the worsening of the patient's condition.

ePatient.14 – Race

Definition: The patient's race as defined by the OMB (US Office of Management and Budget).

Usage: Must complete
Select all applicable
Allows for NOT values

If using a NOT VALUE for this element, do not use any of the Values listed below.

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2514001	American Indian or Alaska Native
2514003	Asian
2514005	Black or African American
2514007	Hispanic or Latino
2514009	Native Hawaiian or Other Pacific Islander
2514011	White

NEMESIS Comment: Definitions for racial and ethnic categories are established by the Office of Management and Budget (OMB) Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html>

Extended Definitions

AMERICAN INDIAN OR ALASKA NATIVE:

A person having origins in any of the original peoples of North, Central, and South America and who maintains tribal affiliation or community attachment.

ASIAN:

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK OR AFRICAN AMERICAN:

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

HISPANIC OR LATINO:

When selecting this value, you should also select at least one additional value (e.g., "Hispanic" and "Black", or "Hispanic" and "White").

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE:

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ePayment.50 – CMS Service Level

Definition: The CMS service level for this EMS encounter.

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2650001	ALS, Level 1
2650003	ALS, Level 1 Emergency
2650005	ALS, Level 2
2650007	BLS

2650009	BLS, Emergency
2650011	Fixed Wing (Airplane)
2650013	Paramedic Intercept
2650015	Specialty Care Transport
2650017	Rotary Wing (Helicopter)

Extended Definitions

ALS, LEVEL 1:

Transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of at least one ALS intervention by ALS personnel trained to the level of the EMT-Intermediate or paramedic.

ALS Intervention: An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service. An ALS intervention applies only to ground transports.

ALS, LEVEL 1 EMERGENCY:

When medically necessary, the provision of ALS1 services (ALS assessment or ALS intervention per state guidelines), are performed in the context of an emergency response and responds immediately. ALS personnel trained to the level of the EMT- Intermediate or paramedic.

ALS Assessment: An ALS assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.

ALS Intervention: An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service. An ALS intervention applies only to ground transports.

ALS, LEVEL 2:

Transportation by ground ambulance vehicle staffed with ALS personnel and the provision of medically necessary supplies and services including:

1. At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids), OR
2. Ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the following ALS2 procedures:
 - a. Manual defibrillation/cardioversion;
 - b. Endotracheal intubation;
 - c. Central venous line;
 - d. Cardiac pacing;
 - e. Chest decompression;
 - f. Surgical airway;
 - g. Intraosseous line.

Application: *Crystalloid fluids include fluids such as 5 percent Dextrose in water, Saline and Lactated Ringer's. Medications that are administered by other means (e.g., intramuscular/subcutaneous injection, oral, sublingually, or nebulized) do not qualify to determine whether the ALS2 level rate is payable. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines.*

BLS:

Transportation by ground ambulance vehicle as defined by the state. The ambulance must be staffed by an individual who is qualified as an EMT per state guidelines.

BLS, EMERGENCY:

When the ambulance provider or supplier is called, it responds immediately. The ambulance must be staffed by an individual who is qualified as an EMT per state guidelines.

FIXED WING (AIRPLANE):

Furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed-wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic) preclude rapid delivery to the nearest appropriate facility. Transport by fixed-wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

PARAMEDIC INTERCEPT:

ALS emergency services, provided by an entity that does not provide the ambulance transport to a BLS level of service, is dispatched to transport a patient.

Paramedic intercept services furnished on or after March 1, 1999, may be payable separate from the ambulance transport, subject to the requirements specified below.

The intercept service(s) is:

- Furnished in a rural area;
- Furnished under a contract with one or more volunteer ambulance services; and, medically necessary based on the condition of the beneficiary receiving the ambulance service.

In addition, the volunteer ambulance service involved must:

- Furnish services only at the BLS level at the time of the intercept; and,
- Be prohibited by State law from billing anyone for any service.

Finally, the entity furnishing the ALS paramedic intercept service must:

- Bill all recipients who receive ALS paramedic intercept services from the entity, regardless of whether or not those recipients are Medicare beneficiaries.

For purposes of the paramedic intercept benefit, a rural area is an area that is designated as rural by a state law or regulation or any area outside of a Metropolitan Statistical Area or in New England, outside a New England County Metropolitan Area as defined by the Office of Management and Budget. The current list of these areas is periodically published in the Federal Register.

See the Medicare Claims Processing Manual, Chapter 15, "Ambulance," §20.1.4 for payment of paramedic intercept services.

Services in a Rural Area: Services that are furnished:

1. In an area outside a Metropolitan Statistical Area (MSA); or,
2. In New England, outside a New England County Metropolitan Area (NECMA); or,
3. An area identified as rural using the Goldsmith modification even though the area is within an MSA.

SPECIALTY CARE TRANSPORT:

The interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle at a level of service beyond the scope of the EMT-Paramedic. This transport is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area (e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).

***Additional training:** the specific additional training that a state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during a specialty care transport.*

ROTARY WING (HELICOPTER):

Furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary-wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic) precludes such rapid delivery to the nearest appropriate facility. Transport by rotary-wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

eProcedure.08 – Response to Procedure

Definition: The patient's response to the procedure.

Usage: Must complete
Select only one
Allows for NOT values

PERTINENT NEGATIVES ENTERED WITH *EPROCEDURES.03 – PROCEDURE*

When *eProcedures.03 – Procedure* has a Value entered with a Pertinent Negative (“Contraindication Noted”, “Denied by Order”, “Refused”, “Unable to Complete”, etc.) a Value for *eProcedure.08 – Response to Procedure* could be "Improved", "Unchanged", "Worse", or "Not Applicable”, depending on any clinical changes by the patient or the situation as a response to receiving or not receiving the procedure.

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
9916001	Improved
9916003	Unchanged
9916005	Worse

Extended Definitions

NOT APPLICABLE (NOT):

The nature of the procedure has no direct expected clinical response (e.g., patient assessment, 12-lead ECG acquisition).

IMPROVED:

The procedure performed had the intended effective outcome and/or the patient's symptoms decreased or clinical condition improved or resolved (e.g., defibrillation resolved v-fib into a perfusing rhythm, intubation controlled the airway and allowed effective management of breathing).

An effective procedure that caused an improvement in the patient condition may also have resulted in a procedure complication and the complication should be documented (e.g., intubation caused minor airway trauma, but the intubation successfully secured the airway).

UNCHANGED:

The procedure performed did not have the clinical effect intended, but did not directly worsen the patient's symptoms or clinical condition (e.g., attempted defibrillation and the person remained in v-fib); OR

Had a sub-therapeutic effect and the symptoms continued (e.g., a bandage applied to a bleeding wound failed to stop the bleeding); OR

The nature of the procedure has no direct expected clinical response (e.g., patient assessment). "Not Applicable" would also be appropriate to choose for these cases.

WORSE:

The results of the procedure performed lead to a worsening of the patient's symptoms or condition (e.g., defibrillation converted v-fib into asystole, application of a splint caused significant increase in pain or loss of sensation and pulses).

In the case of worsening condition, documentation of procedure complications may also be appropriate.

Just because a patient got worse, doesn't necessarily mean the clinician performed the procedure incorrectly.

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.

Usage: Must complete
Select only one
Does not allow for NOT values

DMC Comment: These values represent the service requested, not necessarily the service provided.

Pertinent Negatives (PN):

None

Code List (Values)

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

NEMESIS 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. "Medical Transport" was relabeled to "Other Routine Medical 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.

Extended Definitions

EMERGENCY RESPONSE (PRIMARY RESPONSE AREA):

Emergent or immediate response to an incident location, regardless of the method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).

If the original request comes through 9-1-1 for a patient at a non-hospital medical facility (e.g., urgent care, nursing home) use this option unless: a) The patient needs a transport for a non-urgent issue or routine care; and b) The sending facility can provide a signed Physician Certification Statement for Non-Emergency Ambulance Services (PCS Form); Then Using "Non-Hospital Facility to Hospital Transfer" is appropriate.

EMERGENCY RESPONSE (INTERCEPT):

When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.

EMERGENCY RESPONSE (MUTUAL AID):

Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended. (e.g., includes auto-aid, providing coverage in another agency's primary coverage area).

HOSPITAL-TO-HOSPITAL TRANSFER:

Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests.

HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:

Any transfer from a hospital to a non-hospital residential, in-patient or free-standing acute care, or surgical medical facility. An example of this is a transfer or discharge from a hospital to assisted living, nursing home, hospice, or rehabilitation facility.

NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:

Any transfer from one residential, in-patient or free-standing acute care or surgical medical facility to another similar type of facility, neither of which qualify as a hospital. (e.g., nursing home to nursing home, nursing home to a hospice center, free-standing emergency department to nursing home).

NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER:

Any transfer for a non-urgent issue or routine care from a non-hospital residential, in-patient or free-standing acute care or surgical medical facility to a hospital. (e.g., transfer from a nursing home, clinic, urgent care, or free-standing emergency department to a hospital).

OTHER ROUTINE MEDICAL TRANSPORT:

Transports that are not between medical facilities and are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., discharge home, medical appointments, recurring transports, or based on local or state needs or guidance).

PUBLIC ASSISTANCE:

The unit responded to provide public service assistance (e.g., elderly or disabled individual assistance, lift assist without other assessment or care, public education, wheelchair or medical device assistance).

STANDBY:

Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).

SUPPORT SERVICES:

The unit responded to provide support not otherwise specified. (e.g., equipment delivery, educational events)

NON-PATIENT CARE RESCUE/EXTRICATION:

The unit responded to provide rescue and/or extrication service, additional personnel or equipment.

CREW TRANSPORT ONLY:

The unit responded to transport crew only. (e.g., medical specialty team without a patient, mechanical issue with vehicle)

TRANSPORT OF ORGANS OR BODY PARTS:

This includes tissues, biological samples, organs, and body parts.

MORTUARY SERVICES:

The unit responded to provide service or assistance in the event of a deceased patient.

MOBILE INTEGRATED HEALTH CARE ENCOUNTER:

The responding unit provided mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits.

EVALUATION FOR SPECIAL REFERRAL/INTAKE PROGRAMS:

EMS provides an initial medical screening as part of the intake process for various specialty referral services or programs (such as "Safe Baby Haven", mental health, addiction, or similar programs).

ADMINISTRATIVE OPERATIONS:

The unit provided EMS coordination, oversight and/or supervision of services.

eResponse.07 – Unit Transport and Equipment Capability

Definition: The transport and equipment capabilities of the EMS Unit which responded to this specific EMS event.

Usage: Must complete
Select only one
Does not allow for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2207011	Air Transport-Helicopter
2207013	Air Transport-Fixed Wing
2207015	Ground Transport (ALS Equipped)
2207017	Ground Transport (BLS Equipped)
2207019	Ground Transport (Critical Care Equipped)
2207021	Non-Transport-Medical Treatment (ALS Equipped)
2207023	Non-Transport-Medical Treatment (BLS Equipped)

2207025 Wheel Chair Van/Ambulette
2207027 Non-Transport-No Medical Equipment

NEMESIS Comment: Element relabeled from "Primary Role of Unit" to "Unit Transport and Equipment Capability" to better reflect its new defined purpose and allow the deprecation of eResponse.15 "Level of Care of This Unit". V3.4.0 Non-Transport values deprecated as these are types of service and were moved to eResponse.05 "Type of Service Requested". Values have been added to better capture transport capability and available equipment. These values should be tied to the capabilities and role of the unit and not reflect the level of providers responding to an event.

Supervisor clarified to Administrative Only. If the Supervisor is responding to assist, that would be considered Non-Transport.

Extended Definitions

AIR TRANSPORT-HELICOPTER:

This unit's intended role in this incident at the time of response was to provide rotor-wing transportation of a patient, even if no transport resulted.

AIR TRANSPORT-FIXED WING:

This unit's intended role in this incident at the time of response was to provide fixed-wing transportation of a patient even if no transport resulted.

GROUND TRANSPORT (ALS EQUIPPED):

This unit's intended role in this incident at the time of response was to provide ground transportation of the patient even if no transport resulted. The unit is equipped as an ALS service.

GROUND TRANSPORT (BLS EQUIPPED):

This unit's intended role in this incident at the time of response was to provide ground transportation of the patient even if no transport resulted. The unit is equipped as a BLS service. Includes utility vehicles (ATV, snowmobiles) and watercraft capable of transport.

GROUND TRANSPORT (CRITICAL CARE EQUIPPED):

This unit's intended role in this incident at the time of response was to provide ground transportation of the patient even if no transport resulted. The unit is equipped as a Critical Care service. Includes utility vehicles (ATV, snowmobiles) and watercraft capable of transport.

NON-TRANSPORT-MEDICAL TREATMENT (ALS EQUIPPED):

This unit's intended role in this incident at the time of response was to provide EMS care and/or transportation support but was not to provide transport (e.g., fire apparatus, first response units, quick response vehicles, chase cars, etc.).

Examples: Assistance moving the patient to the transporting unit. First Response unit

providing treatment until transport unit arrives (to include non-transporting ALS units).

NON-TRANSPORT-MEDICAL TREATMENT (BLS EQUIPPED):

This unit's intended role in this incident at the time of response was to provide EMS care and/or transportation support but was not to provide transport (e.g., fire apparatus, first response units, quick response vehicles, chase cars, etc.).

Examples: Assistance moving the patient to the transporting unit. First Response unit providing treatment until transport unit arrives.

WHEEL CHAIR VAN/AMBULETTE:

This unit's intended role in this incident at the time of response was to provide specialty transport as a wheel chair accessible van or ambulette.

NON-TRANSPORT-NO MEDICAL EQUIPMENT:

This unit's intended role in this incident at the time of response was to provide EMS coordination, oversight and/or supervision of services.

eResponse.08 – Type of Dispatch Delay

Definition: The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.

Usage: Must complete
Select all applicable
Allows for NOT values

NEMESIS Comment: A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2208001	Caller (Uncooperative)
2208003	Diversion/Failure (of previous unit)
2208005	High Call Volume
2208007	Language Barrier
2208009	Incomplete Address Information Provided
2208011	No EMS Vehicles (Units) Available
2208013	None/No Delay
2208015	Other
2208017	Technical Failure (Computer, Phone etc.)

2208019 Communication Specialist-Assignment Error
2208021 No Receiving MD, Bed, Hospital
2208023 Specialty Team Delay

Extended Definitions

CALLER (UNCOOPERATIVE):

PSAP/Secondary Dispatch ability to gather information and/or provide instructions was impeded by caller behavior (e.g., caller was unhelpful).

DIVERSION/FAILURE (OF PREVIOUS UNIT):

Unit initially dispatched was unable to complete the response resulting in a second unit dispatched; or call was re-directed to another unit after initial dispatch.

HIGH CALL VOLUME:

Capacity to receive and process calls in a timely manner was exceeded.

LANGUAGE BARRIER:

Ability of PSAP/Secondary Dispatch and caller to understand one another was limited (e.g., due to lack of a common language, regional dialect differences, caller speech impediments, distraught caller, etc.).

INCOMPLETE ADDRESS INFORMATION PROVIDED:

PSAP/Secondary Dispatch had difficulty determining an accurate location for the event/incident.

NO EMS VEHICLES (UNITS) AVAILABLE:

At the time requested, the PSAP/Secondary Dispatch was unable to identify an appropriate EMS unit to assign.

NONE/NO DELAY:

At the time requested, the PSAP/Secondary Dispatch was able to assign an EMS unit to the EMS event/incident without delay.

OTHER:

At the time requested, the PSAP/Secondary Dispatch was delayed assigning an EMS unit for a reason not otherwise specified here.

TECHNICAL FAILURE (COMPUTER, PHONE ETC.):

The ability to receive calls and/or dispatch EMS units was impeded by issues with one or more physical communication channels (e.g., phones, radios, a local network, the internet, power/utility outage, etc.).

COMMUNICATION SPECIALIST-ASSIGNMENT ERROR:

The Communication Specialist or Dispatch Operator assigned, classified, or reported the call with an incorrect code or assigned the call to an incorrect unit.

NO RECEIVING MD, BED, HOSPITAL:

Dispatching a unit is impeded due to the lack of a receiving advanced clinician (such as an MD), no available hospital/healthcare facility bed, or there is no available hospital currently receiving EMS patients.

SPECIALTY TEAM DELAY:

Dispatch is delayed due to securing a specialty team appropriate for the EMS request.

eResponse.09 – Type of Response Delay

Definition: The response delays, if any, of the EMS unit associated with the EMS event.

Usage: Must complete
Select all applicable
Allows for NOT values

NEMESIS Comment: *Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc. to return to service.*

A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06)

DMC Comment: Remember to review all and pick all applicable values.

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2209001	Crowd
2209003	Directions/Unable to Locate
2209005	Distance
2209007	Diversion (Different Incident)
2209009	HazMat
2209011	None/No Delay
2209013	Other
2209015	Rendezvous Transport Unavailable
2209017	Route Obstruction (e.g., Train)
2209019	Scene Safety (Not Secure for EMS)

2209021	Staff Delay
2209023	Traffic
2209025	Vehicle Crash Involving this Unit
2209027	Vehicle Failure of this Unit
2209029	Weather
2209031	Mechanical Issue-Unit, Equipment, etc.
2209033	Flight Planning

Extended Definitions

CROWD:

The combination of number, density, and location of people encountered en route to an EMS event/incident was sufficient enough to slow the unit's progress.

DIRECTIONS/UNABLE TO LOCATE:

Problems with directions and/or the ability to follow directions slowed or prevented the unit's progress to an EMS event/incident (e.g., dispatched to the wrong address, GPS issue, unable to find address provided).

DISTANCE:

An atypically long distance to an EMS event/incident resulted in a longer than normal response time for the unit.

DIVERSION (DIFFERENT INCIDENT):

While en route to an EMS event/incident, the unit was re-directed to a different EMS event/incident.

HAZMAT:

The actual or presumed presence of one or more dangerous substances slowed or prevented the unit's progress to an EMS event/incident.

NONE/NO DELAY:

The unit's progress to an EMS event/incident was completed without delay.

OTHER:

The unit's progress to an incident took longer than expected due to one or more factors not otherwise specified here.

RENDEZVOUS TRANSPORT UNAVAILABLE:

The unit's progress to an incident was slowed due to the delay or unavailability of an additional mode of transportation needed to achieve the shortest overall response time (e.g., ferry, UTV).

ROUTE OBSTRUCTION (E.G., TRAIN):

One or more obstacles encountered en route to an incident slowed the unit's progress (e.g., train, drawbridge, bridge or road washout, wildfire, mud/rock slide, parade, marathon).

SCENE SAFETY (NOT SECURE FOR EMS):

Arrival on scene was delayed due to actual or presumed unsafe conditions at the scene (e.g., observed or suspected criminal activity involving weapons, scene hazard, and stage for law enforcement).

STAFF DELAY:

The response was slowed due to crewmember availability, distance to station, or other issues (e.g., full crew not present, illness, injury, family emergency).

TRAFFIC:

Vehicular congestion encountered en route to an incident slowed the unit's progress.

VEHICLE CRASH INVOLVING THIS UNIT:

The unit's involvement in a crash slowed or prevented its progress to an incident.

VEHICLE FAILURE OF THIS UNIT:

Progress to an incident was slowed or prevented by vehicle issues (e.g., failure to start, a flat tire, a broken axle).

WEATHER:

Weather conditions slowed or prevented the unit's progress to an incident (e.g., flood, blizzard).

MECHANICAL ISSUE-UNIT, EQUIPMENT, ETC.:

Issues with one or more devices slowed or prevented the unit's ability to proceed to an EMS event/incident within the expected amount of time (e.g., garage door not rising, switching out O2).

FLIGHT PLANNING

The aircraft's response to an incident was slowed by additional pre-flight preparations (e.g., re-routing due to weather conditions, loading specialized equipment).

eResponse.10 – Type of Scene Delay

Definition: The scene delays, if any, of the EMS unit associated with the EMS event.

Usage: Must complete
Select all applicable
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2210001	Awaiting Air Unit
2210003	Awaiting Ground Unit
2210005	Crowd
2210007	Directions/Unable to Locate
2210009	Distance
2210011	Extrication
2210013	HazMat
2210015	Language Barrier
2210017	None/No Delay
2210019	Other
2210021	Patient Access
2210023	Safety-Crew/Staging
2210025	Safety-Patient
2210027	Staff Delay
2210029	Traffic
2210031	Triage/Multiple Patients
2210033	Vehicle Crash Involving this Unit
2210035	Vehicle Failure of this Unit
2210037	Weather
2210039	Mechanical Issue-Unit, Equipment, etc.

Extended Definitions

AWAITING AIR UNIT:

Waiting for aeromedical unit arrival at an EMS event/incident extended time on scene.

AWAITING GROUND UNIT:

Waiting for EMS ground unit arrival, transport or otherwise, at the EMS event/incident extended time on scene.

CROWD:

The combination of number, density, and location of people encountered at the EMS event/incident was sufficient to extend time on scene.

DIRECTIONS/UNABLE TO LOCATE:

Difficulty finding the patient after arrival at an EMS event/incident extended time on scene.

DISTANCE:

Separation between the EMS response vehicle and the patient at the EMS event/incident extended time on scene.

EXTRICATION:

EMS activities to remove the patient from the EMS event/incident extended time on scene (e.g., stair-chair, technical rescue or auto extrication to gain patient access).

HAZMAT:

The management (e.g., identification, decontamination, removal, mitigation) of actual or presumed presence of one or more dangerous substances at or near the EMS event/incident extended time on scene.

LANGUAGE BARRIER:

Limited ability of EMS crewmembers to communicate with the patient and/or bystanders at the EMS event/incident extended time on scene.

NONE/NO DELAY:

Nothing occurred at the EMS event/incident that extended the EMS unit's time on scene.

OTHER:

The EMS unit's time on scene was extended for one or more reasons not otherwise specified (e.g., extended patient care, securing pets/residence, waiting for guardian to arrive).

PATIENT ACCESS:

Barriers to physical contact with the patient at the EMS event/incident extended time on scene (e.g., locked door, entrapment, patient resists access to care, animals).

Often used in combination with "Extrication" and/or "Safety-Patient."

SAFETY-CREW/STAGING:

Actual or presumed dangerous conditions at the EMS event/incident, or actions taken to protect EMS crewmembers (e.g., staging area and scene management) extended the time on scene.

Select "Patient Access", "Crowd", "Weather", and/or "HazMat" if the danger is a direct result of any of those factors.

SAFETY-PATIENT:

Actual or presumed dangerous conditions at the EMS event/incident, or actions taken to protect the patient from harm, extended time on scene.

STAFF DELAY:

Crewmember issues (e.g., injury, illness, and waiting for additional staff) at the EMS event/incident extended time on scene.

TRAFFIC:

Vehicular congestion or other roadway conditions (e.g., navigating a parking area, entrance/egress from a parade/concert, incident is on a busy roadway, other responding resource is obstructed from arrival) encountered at the EMS event/incident extended time on scene.

TRIAGE/MULTIPLE PATIENTS:

Activities associated with managing an EMS event/incident involving more than one patient (e.g., sorting, prioritizing, processing) extended time on scene.

VEHICLE CRASH INVOLVING THIS UNIT:

The unit’s involvement in a crash (e.g., unit is struck by another vehicle while on scene, crash of associated rescue vehicle (ATV) while accessing patient, unit backs into something while navigating scene) extended time on scene.

VEHICLE FAILURE OF THIS UNIT:

EMS unit mechanical issue (e.g., failure to start, a flat tire, a broken axle) at the EMS event/incident extended time on scene.

WEATHER:

Weather conditions, current or result of past event (e.g., standing water, ice, blizzard), extended time on scene.

MECHANICAL ISSUE-UNIT, EQUIPMENT, ETC.:

Functional issues with one or more devices needed by the EMS crew (e.g., stretcher or monitor failure, locked out of ambulance) extended time on scene.

eResponse.24 – Additional Response Mode Descriptors

Definition: The documentation of response mode techniques used for this EMS response.

Usage: Must complete
Select all that apply
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2224001	Intersection Navigation-Against Normal Light Patterns
2224003	Intersection Navigation-With Automated Light Changing Technology
2224005	Intersection Navigation-With Normal Light Patterns
2224007	Scheduled
2224009	Speed-Enhanced per Local Policy
2224011	Speed-Normal Traffic
2224013	Unscheduled
2224015	Lights and Sirens
2224017	Lights and No Sirens
2224019	No Lights or Sirens
2224021	Initial No Lights or Sirens, Upgraded to Lights and Sirens
2224023	Initial Lights and Sirens, Downgraded to No Lights or Sirens

Extended Definitions

INTERSECTION NAVIGATION-AGAINST NORMAL LIGHT PATTERNS:

Traveled through intersections controlled by traffic lights or stop signs against the right-of-way according to standard, non-emergency traffic laws with, or without, the use of emergency lights and sirens (e.g., approached a red traffic light and proceeded through the intersection, while the light was still red, when there was cross-road traffic traveling through the intersection on their own green light).

INTERSECTION NAVIGATION-WITH AUTOMATED LIGHT CHANGING TECHNOLOGY:

Intersection navigated with the use of technology for traffic signal preemption (also called traffic signal prioritization) to manipulate traffic signals in the path of an emergency vehicle. These types of systems allow the normal operation of traffic lights to be preempted or controlled using radio or strobe light based signaling systems and may be used in conjunction with emergency lights and sirens.

INTERSECTION NAVIGATION-WITH NORMAL LIGHT PATTERNS:

Traveled through intersection-controlled traffic lights or stop signs according to standard, non-emergency state and federal traffic laws (e.g., approached a red traffic light and waited for the light to change to green before proceeding through the intersection).

SCHEDULED:

For use when there is a planned "Unit Arrived on Scene Date/Time."

SPEED-ENHANCED PER LOCAL POLICY:

For use when an emergency service vehicle exceeded posted speed limits within the limits of state or local laws or agency policy when responding to an emergency (e.g., some laws allow emergency services vehicles to exceed posted speed limits by 10 mph when responding to an emergency event, provided the vehicle driver exercises due caution/regard).

SPEED-NORMAL TRAFFIC:

Adhered to posted speed limits when responding to a request for service, regardless of dispatch priority and use of lights and sirens, in order to arrive in a safe and timely manner.

UNSCHEDULED:

For use when there is not a planned “Unit Arrived on Scene” and it is not an emergency response in eResponse.05.

LIGHTS AND SIRENS:

Used emergency lights and audible warning devices on a responding vehicle, to manage and alert traffic that they need to yield the right-of- way to the emergency vehicle.

LIGHTS AND NO SIRENS:

This traffic alert mode uses lights only without any use of audible warning devices.

NO LIGHTS OR SIRENS:

Responded in an emergency services vehicle without the use of any emergency traffic alert lights or sirens.

INITIAL NO LIGHTS OR SIRENS, UPGRADED TO LIGHTS AND SIRENS:

A response where the responding vehicle initiated the response without the use of lights or sirens, but either received new information from the incident increasing the response priority, or where traffic conditions changed requiring the use of lights and sirens for a safe and timely response.

INITIAL LIGHTS AND SIRENS, DOWNGRADED TO NO LIGHTS OR SIRENS:

A response where the responding vehicle initiated the response with the use of lights or sirens, but either received new information from the incident decreasing the response priority, or where traffic conditions changed and the use of lights and sirens was no longer required for a safe and timely response.

eScene.01 – First EMS Unit on Scene

Definition: Documentation that this EMS Unit was the first EMS Unit among all EMS Agencies on the Scene.

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
9923001	No
9923003	Yes

NEMESIS Comment: Added to improve the evaluation of Response Times when multiple EMS units are responding to the same scene.

eScene.06 – Number of Patients at Scene

Definition: Indicator of how many total patients were at the scene.

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2707001	Multiple
2707003	None
2707005	Single

NEMESIS Comment: This element defines how many patients were at the scene – not how many patients this EMS unit evaluated.

Extended Definitions

MULTIPLE:

There was more than one patient at the scene.

NONE:

This ambulance and crew were unable to locate anyone at the scene locally defined as a patient.

SINGLE:

There was one patient at the scene.

DMC Comment: This is intended to apply to Emergency Response in eResponse.05. (NEMESIS 3.5.2 Schematron update).

eScene.07 – Mass Casualty Incident

Definition: Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
9923001	No
9923003	Yes

Extended Definitions

YES:

A local Mass Casualty Incident (MCI) plan was activated or where EMS resources, such as personnel and equipment, were overwhelmed by the number and severity of victims at an emergency scene.

eSituation.11 – Provider’s Primary Impression

Definition: The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Usage: Must complete
Select only one
Allows for NOT values

NASEMSO DMC Statement:

The National Association of State EMS Officials Data Managers Council affirms the NEMSIS Primary Impression definition.

The primary impression is based on the clinical judgment of the provider and could be considered a field impression or working/differential diagnosis. The value chosen should reflect the EMS professional's determination of the patient's **primary condition needing treatment based on assessment**. This treatment approach uses the providers training, experience and patient assessment knowledge/skills.

Primary refers to the highest acuity condition of the patient, not necessarily the first condition noticed. The majority of the treatment will be focused on addressing this issue. This is the field provider's diagnosis and may not necessarily reflect the hospital diagnosis for medical facility transports based on a physician order. Additionally, this record is part of the patient's medical record, and must not get mistaken for a physician's diagnosis; these values should NOT be linked to the hospital's diagnosis fields or their longitudinal diagnosis record.

eSituation.12 – Provider's Secondary Impression

Definition: The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Usage: Must complete
Select all applicable
Allows for NOT values

NASEMSO Data Managers Council Statement:

The National Association of State EMS Officials Data Managers Council affirms the NEMSIS Secondary Impression definition.

The secondary impression is based on the clinical judgment of the provider and could be considered a field impression or working/differential diagnosis. The value(s) chosen should reflect the EMS professional’s determination of any or all of the patient's secondary condition(s) needing treatment based on assessment. This treatment approach uses the providers training, experience and patient assessment knowledge/skills.

Additionally, this record is part of the patient’s medical record, and must not get mistaken for a physician’s diagnosis or medical history.

eVitals.29 – Stroke Scale Score

Definition: The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

Usage: Must complete
Select only one
Allows for NOT values

Pertinent Negatives (PN):

Code	Description
8801019	Refused
8801023	Unable to Complete

Code List (Values)

Code	Description
3329001	Negative
3329003	Non-Conclusive
3329005	Positive

Extended Definitions

REFUSED (PN):

Used when a patient, who has a normal mental status, refuses to participate in the exam.

UNABLE TO COMPLETE (PN):

Used when conditions prevent the ability to perform or complete a stroke exam for some

reason (e.g., unconscious patient, patient with an altered mental status or organic mental impairment such as dementia, patient with significant pre-existing stroke symptoms, patient with other injury or illness that would prevent a reliable exam, other barrier to patient care preventing the ability to perform the exam).

Any barrier to patient care should also be documented in *eHistory.01 – Barriers to Patient Care*.

NEGATIVE:

A negative stroke scale score does not mean a patient does not have a stroke, but simply that the stroke exam itself did not return any positive findings to indicate a stroke.

This is a normal test finding. This score means each of the stroke assessment criteria for the stroke scale exam used by the clinician was negative or "normal/baseline" for the patient (e.g., using the Cincinnati Prehospital Stroke Scale, the patient is "Negative" if they had NO facial droop, NO arm drift and NO slurred speech).

NON-CONCLUSIVE:

This score indicates there may be very subtle finding in the stroke scale exam that can't be concluded to be positive or negative. This may be due a pre-existing condition that is normal for the patient, but which makes it difficult to determine if you are seeing new findings or baseline (e.g., a patient with a history of a previous stroke or arm or shoulder injury; a patient with loose facial skin who has one side of the mouth slightly lower than the other whose face may just be that way).

POSITIVE:

This is an abnormal test finding. A positive score means a positive or "abnormal from baseline" finding in any ONE of the stroke assessment criteria for the stroke scale exam used by the clinician and indicates that the patient may be experiencing a stroke (e.g., using the Cincinnati Prehospital Stroke Scale, the patient is "Positive" if they have a positive or "abnormal from baseline" finding for Facial Droop, and/or Arm Drift and/or Slurred Speech).

A Positive stroke scale score indicates an increased probability of the patient having a stroke.

eSituation.02 – Possible Injury

Definition: Indication whether or not there was an injury.

Usage: Must complete
Select only one
Allows for NOT values

Data Element Comment:

This data element provided documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not actual injury. eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location, and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

DMC Comment: (DMC comments here)

The definition should emphasize the data element answer is based on the mechanism of injury and not actual injury.

Not Values (NV): Code

	Description
7701001	Not Applicable
7701003	Not Recorded

Code List (Values)

Code	Description
9922001	No
9922003	Unknown
9922005	Yes

Extended Definitions

No:

There is no indication of a mechanism of injury AND no injury identified with the encounter.

Unknown:

Unable to determine whether there was a mechanism of injury related to the event, and no reported, suspected, or actual injury was identified. Not for use when the encounter is medical/disease-related and there was a mechanism of possible injury.

Yes:

If there is a reported (patient complaint), suspected, or actual injury, the answer is Yes. If there is an observed or reported mechanism of injury and there is no reported, suspected, or actual injury, then the answer is Yes. Mechanism of injury E.g., Assault, Blunt, Bruising, Burns, Drowning, Falls, Laceration, MVA, Overdose, Penetrating, Self-Harm, Suicide Attempts, etc.

ACRONYMS

ALS	Advanced Life Support
AMA	Against Medical Advice
BLS	Basic Life Support
DMC	Data Managers Council of NASEMSO
DNR	Do Not Resuscitate
DOT	Department of Transportation
ePCR	Electronic Patient Care Report
FD	Fire Department
GCS	Glasgow Coma Score
HAZMAT	Hazardous Materials
NASEMSO	National Association of EMS Officials
NEMSIS	National EMS Information System
NHTSA	National Highway Traffic Safety Administration
OEMS	Office of Emergency Medical Services
PCR	Patient Care Report
PSAP	Public Safety Answering Point (Also referred to as Dispatch)