

## NYS NEMSIS 3.5.0 | Educational Snip #2024-006

### Vital Signs – eResponse.05, .07, .08, & .32

#### **Q: How has documentation of EMS responses changed from NEMSIS 3.4 to NEMSIS 3.5?**

3 elements were changed from NEMSIS 3.4 to NEMSIS 3.5.

An additional element, Level of Care of This Unit (eResponse.15) was replaced with eDisposition.32.

#### **Type of Service Requested eResponse.05**

This field is mandatory in NYS. Elements were added and relabeled for more accurate documentation of various scenarios. You can view the complete list of elements [here](#). The extended data dictionary, which contains the definitions for the terms defined below, can be found [here](#) on page 21 on page 22, and are also included below.

- Emergency Response (Primary Response Area)
- Emergency Response (Intercept)
- Emergency Response (Mutual Aid)
- Hospital-to-Hospital Transfer
- Hospital to Non-Hospital Facility Transfer
- Non-Hospital Facility to Non-Hospital Facility Transfer
- Non-Hospital Facility to Hospital Transfer
- Other Routine Medical Transport
- Public Assistance
- Standby
- Support Services
- Non-Patient Care Rescue/Extrication
- Crew Transport Only
- Transport of Organs or Body Parts
- Mortuary Services
- Mobile Integrated Health Care Encounter
- Evaluation for Special Referral/Intake Programs
- Administrative Operations

**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 nonurgent 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.

## Unit Transport and Equipment Capability eResponse.07

This field is mandatory in NYS. The field was renamed, its description rewritten, and some elements were added or removed. You can view the inclusive list [here](#). Definitions for the terms below can be found through the link [here](#) on page 25, and are also included below.

- Air Transport-Helicopter
- Air Transport-Fixed Wing
- Ground Transport (ALS Equipped)
- Ground Transport (BLS Equipped)
- Ground Transport (Critical Care Equipped)
- Non-Transport-Medical Treatment (ALS Equipped)
- Non-Transport-Medical Treatment (BLS Equipped)
- Wheel Chair Van/Ambulette
- Non-Transport-No Medical Equipment

### 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.

### **Type of Dispatch Delay** eResponse.08

This field is required in NYS and values were added to it. You can select multiple dispatch delay factors.

When documenting this field, if 'none/no delay' is selected, no additional values can be selected, or there will be an error. The inclusive list is below:

- Caller (Uncooperative)
- Diversion/Failure (of previous unit)
- High Call Volume
- Language Barrier
- Incomplete Address Information Provided
- No EMS Vehicles (Units) Available
- None/No Delay
- Other
- Technical Failure
- Communication Specialist-Assignment Error
- No Receiving MD, Bed, Hospital
- Specialty Team Delay

### **Level of Care of This Unit** eDisposition.32 (formerly eResponse.15)

This field is mandatory in NYS. Under NEMSIS 3.5 it is now a disposition field.

This field refers to the care that is provided not the level of care of the crew. In other words, if a paramedic only provides BLS care, then the answer to this field is "BLS - All Levels". The response options are below.

As a reminder, until the field is customized in January, Critical Care Technicians should document their care as "ALS – Paramedic".

- BLS – All Levels
- ALS – AEMT/Intermediate
- ALS – Paramedic
- EMS and Other Health-Care Staff
- Critical Care
- Integrated Health Care
- No Care Provided