

## Introduction

**If only one document regarding the changes to NEMSIS 3.5 is reviewed, it is recommended that providers choose this file.**

Continuous improvement is a cornerstone of Vermont EMS. The State EMS Office looks to elevate the EMS profession, and support agencies as they protect the communities they serve. This document will discuss the changes that are anticipated to impact the majority of providers, for most incident records.

## Navigating this File

The details in this file are listed in the order that most providers would encounter them on the run form as they create the electronic patient care report (ePCR).

### Items in this color:

- are existing fields that will continue to be active; or
- are new fields taking the place of disabled fields; or
- are the new names for fields that have been re-labeled.

### Items in this color:

- have been disabled (the majority of these have new fields that will replace the previous item); or
- have been renamed, and this is the old name.

**Providers can test the changes within the NEMSIS 3.5 Demo Environment. Credentials for this are as listed below.**

Website:

<https://www.sirenems.com/Elite/Organizationvermont/>

Username: Sandbox22

Password: VTEMS22

Many of the changes listed in this file are driven by requirements from NEMSIS (National EMS Information System) and are implemented as a direct result of these mandates.

The Vermont Office of EMS looks forward to continuing to work with our stakeholders in the EMS community with our ongoing goal of improving the quality of our data collection.

Field	Page
1. Validation Rules: Message Content.....	3
2. Validation Rules: Message Type.....	4
3. In Service Date/Time.....	5
4. Reason for Interfacility Transfer/Medical Transport.....	5
5. Mutual Aid: Your Agency Provides Mutual Aid to Another Town.....	6
6. Mutual Aid: Another Agency Provides Mutual Aid to Your Service Area.....	7
7. Level of Care Provided to Patient (regardless of licensure level).....	9
<a href="#">Previous:</a> <a href="#">Highest Responder Level + Equip (ALS/BLS) Avail.</a>	
8. Unit Disposition.....	10
Patient Evaluation/Care	
Crew Disposition	
Transport Disposition	
Reason for Refusal/Release	
<a href="#">Previous:</a> <a href="#">Incident/Patient Disposition</a>	
9. Initial Patient Acuity.....	12
10. Final Patient Acuity.....	12
11. Date/Time of Symptom Onset.....	13
12. Date/Time Last Known Well .....	13

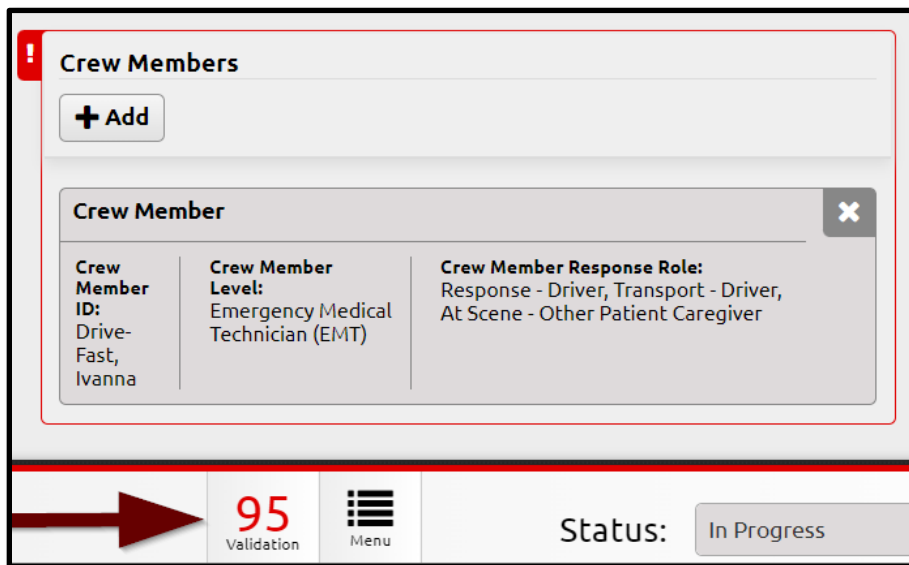
Validation Rules: Message Content		
<b>Change Type</b> Display Change.	<b>Location</b> Run Form/Incident Record > Click on the red number at the bottom of the incident record.	<b>Required</b> Not Applicable.

## Additional Details

All Validation Rules have been updated.

If there is an issue with the incident record and a Validation Rule is flagged, after users click on the number listed in red at the bottom of the screen, the following will display:

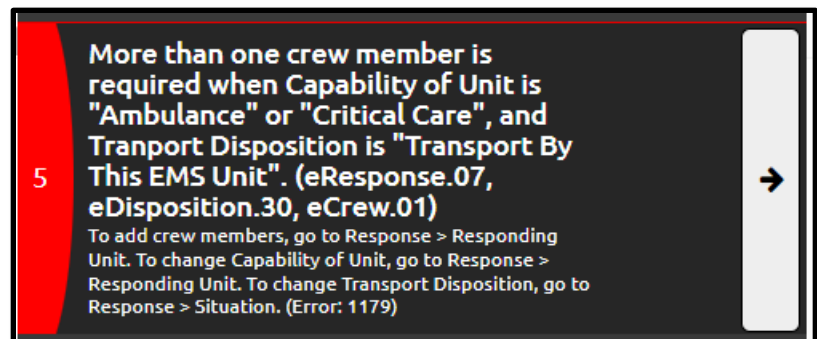
1. The title of the error will explain why there is an issue; and
2. The details in smaller font will provide the steps on where to find the problem fields.



When a field flags with an exclamation mark surrounded in red, the number on the bottom of the screen will have additional details on why there is an issue.

Example message below, corresponding to the example error on the left:

**National Definition of Field**  
Not Applicable



Validation Rules: Message Type		
<b>Change Type</b> Display Change.	<b>Location</b> Run Form/Incident Record > Click on the red number at the bottom of the incident record.	<b>Required</b> Not Applicable.

## Additional Details

There are now two types of Validation messages: **Error** and **Warning**. **Error** messages will flag **red** and diminish your validation score. This is existing functionality that has not changed.

**Warning** messages will flag **yellow** but do not impact your validation score. See below for screenshots of an example. These warnings are in place to draw your attention to areas that may have documentation concerns. Like with the Error messages, you will see the section flagged on the left, the field in question flagged, and see the validation score in a color other than black.

The screenshot shows the 'Dispatch Information' form in SIREN. A validation warning is present, indicated by a yellow background and a red exclamation mark icon. The warning message is: 'Type of Call should be "Interfacility Transport" or "Medical Transport" if Dispatch Reason is "Transfer / Interfacility / Palliative Care". (eResponse.05, eDispatch.01)'. The form fields include 'Type of Call' (set to '911 Response (Scene)'), 'Dispatch Reason' (set to 'Transfer / Interfacility / Palliative Care'), and 'Dispatch Instructed Caller' (set to 'Call Not Through Dispatch'). A callout box points to the 'Dispatch Information' section on the left sidebar, the '911 Response (Scene)' dropdown, and the validation score '100' at the bottom of the page.

These are three examples of how SIREN will let you know there's a concern, and where to go to fix it.

After clicking on the number on the bottom of the page, you will see the message on why this has been flagged as a potential concern.

The close-up shows the validation message in a dark grey box with a white exclamation mark icon. The text reads: 'Type of Call should be "Interfacility Transport" or "Medical Transport" if Dispatch Reason is "Transfer / Interfacility / Palliative Care". (eResponse.05, eDispatch.01)'. Below this, it says: 'This message is a warning only. To change Type of Call, go to Dispatch Info > Dispatch. To change Dispatch Reason, go to Dispatch Info > Dispatch. (Warning: 1413)'. A right-pointing arrow is visible on the right side of the message box.

<b>In Service Date/Time</b>		Dictated by National Requirements.
<b>Change Type</b> Priority Increase.	<b>Location</b> Run Form/Incident Record > Times.	<b>Required</b> Yes.

## Additional Details

The date and time the unit was back in service is required for every incident. A patient care report cannot be closed without this information.

## National Definition of Field

“The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location)” .

<b>Reason for Interfacility Transfer/Medical Transport</b>		Dictated by National Requirements.
<b>Change Type</b> New Field.	<b>Location</b> Dispatch > Dispatch Information.	<b>Required</b> Yes, for Interfacility Transfers (IFT) only.

## Additional Details

This field has been added by NEMSIS and will be required for all Interfacility transfers. Please note that this field will show if:

- Type of Call (found under Dispatch Info > Dispatch Information) is listed as “Interfacility Transport” or “Medical Transport”; and/or
- Dispatch Reason (found under Dispatch Info > Dispatch Information) is listed as “Transfer / Interfacility / Palliative Care”.

If neither of these conditions is met, this field will not display.

## National Definition of Field

“The general categories of the reason for an interfacility transfer/medical transport...This supports and works in combination with eSituation.19 Justification for Transfer or Encounter to provide defined categories for an interfacility transfer or other medical transport. This documentation provides support for reimbursement and a means for regions and states to evaluate transfer patterns and types”.

## Note(s)

This field will show if:

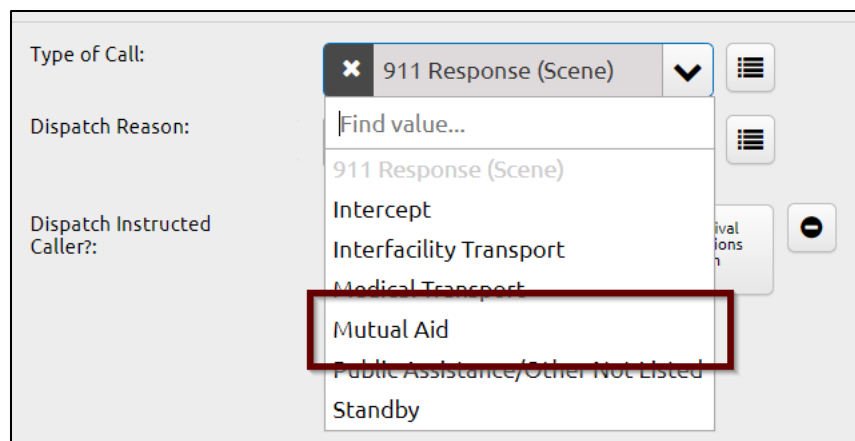
- Type of Call (found under Dispatch Info > Dispatch Information) is listed as “Interfacility Transport” or “Medical Transport”; and/or
- Dispatch Reason (found under Dispatch Info > Dispatch Information) is listed as “Transfer / Interfacility / Palliative Care”.

If neither of these conditions is met, this field will continue to remain hidden.

<b>Mutual Aid: Your Agency Provides Mutual Aid to Another Town</b>		
<b>Change Type</b> Process Change.	<b>Location</b> Run Form/Incident Record > Dispatch > Dispatch Information.	<b>Required</b> No.

## Additional Details

If you provide Mutual Aid Assistance to a town that is not in your primary service area, change the Type of Call from “911 Response (Scene)” to “Mutual Aid”. The rest of the patient care report will be filled out as you normally would for an incident that occurred in your primary service area.



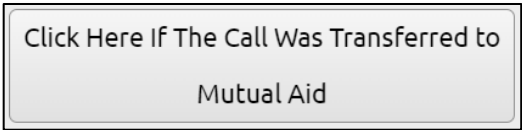
<b>Mutual Aid: Another Agency Provides Mutual Aid to Your Service Area</b>		
<b>Change Type</b> Process Change.	<b>Location</b> Run Form/Incident Record > Dispatch > Dispatch Information.	<b>Required</b> No.

## Additional Details

We recommend documenting all incidents transferred to Mutual Aid.

When documenting incidents where another agency responds to a call in your primary service area, a preset button has been added at the bottom of the page under Dispatch > Dispatch Information. After selecting this and clicking Apply Changes, a shortened list of required fields will display for you. One of the fields that will automatically have a response list is “Capability of Unit”, which will default to “Call Turn Over / Mutual Aid”.

**Please note** that having “Capability of Unit” be “Call Turn Over / Mutual Aid” can only occur if the Preset Button is selected under Dispatch > Dispatch Information.



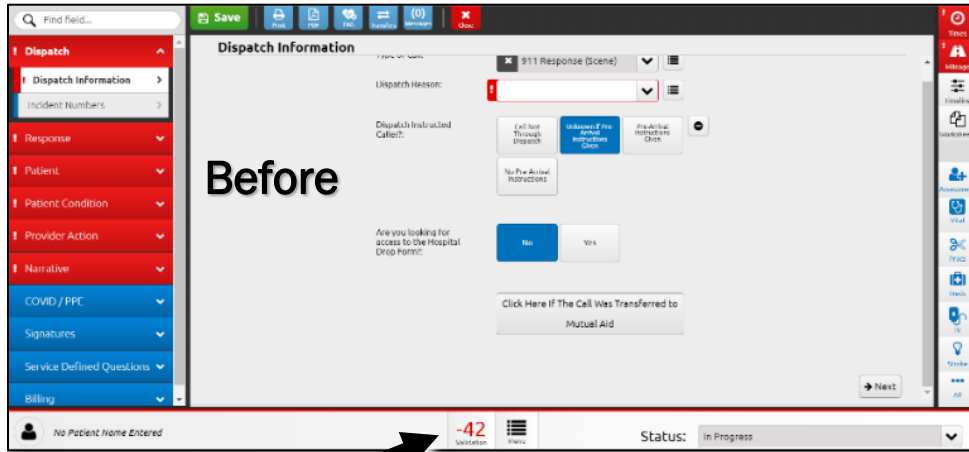
## Note(s)

When the new button “Click Here If The Call Was Transferred to Mutual Aid” is selected, the number of required fields will decrease, allowing for fast documentation of incidents where your agency did not respond. Please see the next page for the steps. These fields will continue to show as required:

Field	Location	Default Value, If Applicable
Unit Dispatched	Times, in the upper right-hand corner	
Type of Call	Dispatch > Dispatch Information	911 Response (Scene)
Dispatch Reason		
Dispatch Assigned Incident #	Dispatch > Incident Numbers	Only will default if your agency is set up to do so.
Response Mode to Scene	Response > Responding Unit	Emergent (Immediate Response)
Incident Location Type		
Incident Street Address		
Incident Zip Code	Response > Incident Location	Incident City, Incident County and Incident State will populate based on Incident Zip Code.
Incident City		
Incident County		
Incident State		
Narrative	Narrative > Narrative	
		<b>Number of fields requiring manual entry*: 6 to 7</b>

\*Depending on Agency Setup

# October 2022: High Impact Updates



**66**  
Validation

**-42**  
Validation



To utilize the Mutual Aid button\*:

1. Go to Dispatch > Dispatch Information
2. Select "Click Here If The Call was Transferred to Mutual Aid"
3. Click "Apply changes"

**Note:** If you click on "Cancel", the changes will not be made to the incident record.

\*This option is only for incidents that occur in your agency's primary service area, that are taken by another agency with no action from your service.

Click Here If The Call Was Transferred to Mutual Aid

Apply New Values?

1 - 8 of 8

Field Name	Current Value	New Value
Number of Patients at Scene	Single	None
Crew Disposition	<blank>	Not Applicable
First EMS Unit on Scene	<blank>	Not Applicable
Level of Care Provided per Protocol	<blank>	Not Applicable
Patient Evaluation/Care	<blank>	Not Applicable
Transport Disposition	<blank>	Not Applicable
Unit Disposition	<blank>	Non-Patient Incident (Not Otherwise Listed)
Unit Transport to Equipment Capability	<blank>	Call Turn Over / Mutual Aid

Apply Changes Cancel



<b>Level of Care Provided to Patient (regardless of licensure level)</b>		Dictated by National Requirements.
Previous: Highest Responder Level + Equip (ALS/BLS) Avail.		
<b>Change Type</b> Field Replaced.	<b>Location</b> Run Form/Incident Record > Response > Responding Unit.	<b>Required</b> Yes.

### Additional Details

NEMSIS has determined that the Highest Responder Level + Equip (ALS/BLS) Avail. should be removed, with Level of Care Provided to Patient (regardless of licensure level) replacing it. When a provider goes to answer this question, it should be based solely on the care the patient received.

**Example:** if a Paramedic transports with a patient and any interventions done are at the Basic EMT level, the response to this field should be “BLS-All Levels”.

### National Definition of Field

“The general level of care provided to this patient as defined per provider level in local EMS protocols or clinical guidelines...The level of care should be defined by the situation, medications, and procedures provided to the patient based on what is allowed in the local EMS protocols. This definition can vary between regions; what may be allowed for BLS providers in one region may be considered ALS care in another. This is not a reflection of the provider levels providing care, but the actual care given-for example, BLS care provided by a paramedic would be entered as "BLS". This element benefits reviews of performance, resource demand and utilization, and reimbursement coding.”

<b>Unit Disposition</b> <b>Patient Evaluation/Care</b> <b>Crew Disposition</b> <b>Transport Disposition</b> <b>Reason for Refusal/Release</b>		Dictated by National Requirements.
Previous: Incident/Patient Disposition		
<b>Change Type</b> Field Replaced.	<b>Location</b> Run Form/Incident Record > Response > Situation.	<b>Required</b> Yes.

## Additional Details

NEMSIS has determined that Incident/Patient Disposition does not fully capture the nuances of EMS interactions with patients. As a result, they have decided to implement five new fields to replace what was previously in use. Unit Disposition will be required for every incident record and what is mandatory for the other fields will be dependent on previous responses.

## National Definition of Fields

### Unit Disposition

“The patient disposition for an EMS event identifying whether patient contact was made...Grouped with Incident and Transport dispositions. Who provided care or services is defined in Incident Disposition [sic]”.

### Patient Evaluation/Care

“The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided...Grouped with Incident and Transport Dispositions. Who provided care or services is defined in Incident Disposition”.

### Crew Disposition

“The crew disposition for this EMS event identifying which crew provided primary patient care or whether support services were required...Grouped with Patient and Transport Dispositions. Depending on context of the Value, "Unit" could be Vehicle or Service/Agency”.

### Transport Disposition

“The transport disposition for an EMS event identifying whether a transport occurred and by which unit...Grouped with Patient and Incident Dispositions. Provides a rapid filter for transport or no transport for incident evaluation, business entry rules and Schematron rules”.

## Reason for Refusal/Release

“Describes reason(s) for the patient's refusal of care/transport OR the EMS clinician's decision to release the patient...This works in combination with the dispositions and signatures to provide general categories for the patient refusal. Specific legal refusal language should be developed by the agency's legal counsel and provided to the patient or guardian upon refusal per local policies”.

**Responses:** The definitions for the responses to most of these fields are available within the [NEMSIS Extended Data Definitions:](#)

NEMSIS Field	Location of Response Definitions
Unit Disposition	Pages 6 to 7
Patient Evaluation/Care	Pages 7 to 8
Crew Disposition	Pages 8 to 10
Transport Disposition	Pages 10 to 11
Reason for Refusal/Release	Currently Not Available

## Display of fields in Incident Record\*:

\* “Reason for Refusal/Response” will hide when the patient is transported or when the other fields are blank.

Please note that the screenshot to the left where all five disposition fields are showing, is for onboarding education.

<b>Initial Patient Acuity</b>		Dictated by National Requirements.
<b>Change Type</b> New Response.	<b>Location</b> Run Form/Incident Record > Response > Situation.	<b>Required</b> Yes.

### Additional Details

“Non-Acute/Routine” has been added as a possible response to this field.

### National Definition of Field

“The acuity of the patient's condition upon EMS arrival at the scene...Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.

‘Non-Acute/Routine’ added for use with patients with no clinical issues-such as refusal for a life assist-or for routine transfers”.

<b>Final Patient Acuity</b>		Dictated by National Requirements.
<b>Change Type</b> New Response.	<b>Location</b> <ul style="list-style-type: none"> <li>• Run Form/Incident Record &gt; Response &gt; Situation.</li> <li>• Run Form/Incident Record &gt; Patient Condition &gt; Assessment.</li> <li>• Run Form/Incident Record &gt; Transport &gt; Transport Status and Priority.</li> </ul>	<b>Required</b> Yes.

### Additional Details

Two new responses have been added as possible selections for this field: “Non-Acute/Routine” and “Dead with Resuscitation Efforts”.

### National Definition of Field

“The acuity of the patient's condition after EMS care... Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel. ‘Non-Acute/Routine’ added for use with patients with no clinical issues-such as a refusal for a life assist-or for routine transfers. ‘Dead with Resuscitation Efforts (Black)’ added for EMS units that arrived and provided resuscitation to a critical patient, but who was deceased at the end of the event (such as in a cardiac arrest)”.

## Note(s)

ImageTrend functionality dictates that if a field has six or fewer possible responses, the choices will show as buttons. If a field has seven or more possible responses, the choices will show as a drop-down menu. As Final Patient Acuity will now have seven possible responses, the results will show as a drop down due to system limitations. At this time, possible responses for Initial Patient Acuity will continue to show as buttons.

<b>Date/Time of Symptom Onset</b>		Dictated by National Requirements.
<b>Change Type</b> Priority Increase.	<b>Location</b> Run Form/Incident Record > Patient Condition > Assessment.	<b>Required</b> Yes.

## Additional Details

NEMSIS has determined that if a patient has been evaluated in any way, the Date and Time of Symptom Onset is required. This will be required if a provider has evaluated the patient, regardless of if the patient is transported. “Not applicable” is available if selecting this would be the appropriate response for what occurred during the incident.

## National Definition of Field

“The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals”.

<b>Date/Time Last Known Well</b>		Dictated by National Requirements.
<b>Change Type</b> Priority Increase.	<b>Location</b> Run Form/Incident Record > Provider Action > Exam.	<b>Required</b> Yes.

## Additional Details

NEMSIS has determined that if a patient has been evaluated, this field is required—regardless of if the patient is transported. “Not applicable” and “Unable to complete” are available if appropriate to the incident.

## National Definition of Field

“The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders...For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured”.

## Key Takeaways

The Vermont Office of EMS looks forward to supporting agencies and providers as they continue to deliver high quality care to the members of our communities.

**For any questions, please contact:**

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All listed definitions in this document have been obtained from:  
NHTSA. (October 8, 2021). *NEMESIS Data Dictionary Version 3.5.0*. NHTSA's Office of EMS.  
[https://nemsis.org/media/nemsis\\_v3/release-3.5.0/DataDictionary/PDFHTML/EMSDEMSTATE/index.html](https://nemsis.org/media/nemsis_v3/release-3.5.0/DataDictionary/PDFHTML/EMSDEMSTATE/index.html)