

NEMSIS 3.5 Checklist

For Agencies Using Their Own EMS Reporting Software

This checklist details the steps for agencies using software other than the Oregon ImageTrend Elite system to switch from NEMSIS 3.4 to NEMSIS 3.5 for EMS reporting.

1. Follow any instructions or checklists provided by your vendor to configure your system for NEMSIS 3.5.
2. Access Oregon's NEMSIS 3.5 implementation tools: nemsis.org/state-data-managers/state-map-v3/oregon.
3. Verify that the national and Oregon Schematron rules for NEMSIS 3.5 have been deployed in your system.
4. Double-check your agency demographic information and update where necessary:
 1. Refer to the information in Oregon's NEMSIS 3.5 State Data Set to check and update the following (you should only set up the choices that are actually used by your agency):
 1. State Certification/Licensure Levels
 2. Procedures by License Level
 3. Medications by License Level
 4. Facilities
 2. Refer to the "State Required Elements" list in the Oregon State Data Set to ensure that you record information for all remaining agency demographic elements requested by Oregon (demographic elements have numbers that start with "d"), including the following:
 1. Service Area: use nemsis.org/media/ServiceAreaBuilder.
 2. Statistical Year Info: Record information for last year (additional past years can also be recorded).
 3. Contacts: Designate at least one agency contact person as the EMS IT/DataSpecialist and one as the Medical Director.
 4. Locations: Address, City, State, ZIP Code.
 5. Vehicles: VIN (for ambulances), Type, Model Year, Annual Miles/Hours.
 6. Personnel: First Name, Last Name, State Licensure ID and Level for Oregon, Employment Status, Primary Job Role.

3. Submit agency demographic data and notify the State.
4. Verify that your system is configured to automatically submit agency demographic data to Oregon.
5. Set up patient care reporting:
 1. Refer to [State Collected Elements](#) in Oregon's NEMSIS 3.5 State Data Set to ensure that your PCR data entry form includes all patient care report elements requested by Oregon (patient care report elements have numbers that start with "e"). In particular, these elements are being newly collected by Oregon in NEMSIS 3.5:

eResponse.20	On-Scene Odometer Reading of Responding Vehicle
eResponse.21	Patient Destination Odometer Reading of Responding Vehicle
ePatient.22	Alternate Home Residence
eScene.10	Incident Facility Code
eSituation.18	Date/Time Last Known Well
eSituation.20	Reason for Interfacility Transfer/Medical Transport
eArrest.20	Who First Initiated CPR
eArrest.21	Who First Applied the AED
eArrest.22	Who First Defibrillated the Patient
eHistory.05	Advance Directives
eVitals.16/ETCO2Type	ETCO2 Type
eVitals.17	Carbon Monoxide (CO)
eVitals.28	Pain Scale Type
eExam.22	Lung Assessment Finding Location
eExam.23	Lung Assessment
eExam.24	Chest Assessment Finding Location
eExam.25	Chest Assessment
eAirway.09	Suspected Reasons for Failed Airway Management
eDisposition.27	Unit Disposition
eDisposition.28	Patient Evaluation/Care
eDisposition.29	Crew Disposition
eDisposition.30	Transport Disposition
eDisposition.32	Level of Care Provided per Protocol

2. Some data elements have new values added in NEMSIS 3.5. Ensure that the new values that are applicable to your agency are enabled in your system:

eResponse.05	Type of Service Requested	2205015	Hospital to Non-Hospital Facility Transfer
		2205017	Non-Hospital Facility to Non-Hospital Facility Transfer
		2205019	Non-Hospital Facility to Hospital Transfer
		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
eResponse.07	Unit Transport and Equipment Capability	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
eResponse.08	Type of Dispatch Delay	2208019	Communication Specialist-Assignment Error
		2208021	No Receiving MD, Bed, Hospital
		2208023	Specialty Team Delay
eDispatch.01	Dispatch Reason	2301085	Altered Mental Status
		2301087	Intercept
		2301089	Nausea
		2301091	Vomiting
eCrew.02	Crew Member Level	9925002	Emergency Medical Technician - Intermediate
ePatient.13	Gender	9906007	Female-to-Male, Transgender Male
		9906009	Male-to-Female, Transgender Female
		9906011	Other, neither exclusively male or female
eSituation.01	Date/Time of Symptom Onset	PN=8801023	Unable to Complete
		PN=8801029	Approximate
eSituation.10	Other Associated Symptoms	PN=8801031	Symptom Not Present
eSituation.13	Initial Patient Acuity	2813009	Non-Acute/Routine
eInjury.07	Use of Occupant Safety Equipment	2907033	Unable to Determine
eArrest.09	Type of CPR Provided	3009021	Compressions-Hands Only CPR
		3009023	Ventilation-with OPA/NPA
		3009025	Ventilation-Advanced Airway Device
		3009027	Ventilation-Passive Ventilation with Oxygen
eArrest.17	Cardiac Rhythm on Arrival at Destination	9901030	Non-STEMI Septal Ischemia
		9901058	STEMI Septal Ischemia
eHistory.01	Barriers to Patient Care	3101033	Alcohol Use, Suspected
		3101035	Drug Use, Suspected

eHistory.17	Alcohol/Drug Use Indicators	3117013	Physical Exam Indicates Suspected Alcohol or Drug Use
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	9901030	Non-STEMI Septal Ischemia
		9901058	STEMI Septal Ischemia
eVitals.04	ECG Type	3304000	2 Lead ECG (pads or paddles)
eVitals.30	Stroke Scale Type	3330004	Los Angeles Prehospital Stroke Screen (LAPSS)
		3330015	Boston Stroke Scale (BOSS)
		3330017	Ontario Prehospital Stroke Scale (OPSS)
		3330019	Melbourne Ambulance Stroke Screen (MASS)
		3330021	Rapid Arterial occlusion Evaluation (RACE)
		3330023	Los Angeles Motor Score (LAMS)
eExam.15	Extremity Assessment Finding Location	3515097	Arm-Whole Arm and Hand-Left
		3515099	Arm-Whole Arm and Hand-Right
		3515101	Hand-Whole Hand-Left
		3515103	Hand-Whole Hand-Right
		3515105	Leg-Whole Leg-Left
		3515107	Leg-Whole Leg-Right
		3515109	Foot-Whole Foot-Left
		3515111	Foot-Whole Foot-Right
eExam.18	Eye Assessment	3518061	Dilated
		3518063	Pin Point
eExam.19	Mental Status Assessment	3519029	Altered mental status, unspecified
		3519031	Developmentally Impaired
		3519033	Disorientation, unspecified
		3519035	Pharmacologically Paralyzed
		3519037	Pharmacologically Sedated
		3519039	Psychologically Impaired
		3519041	Slowness and poor responsiveness
		3519043	State of emotional shock and stress, unspecified
		3519045	Strange and inexplicable behavior
		3519047	Uncooperative
3519049	Unspecified coma		
eExam.20	Neurological Assessment	3520026	Status Seizure
		3520055	Other Seizures
eMedications.03	Medication Administered	PN= 8801027	Order Criteria Not Met
eMedications.04	Medication Administered Route	9927063	Auto Injector
		9927065	BVM
		9927067	CPAP
		9927069	IV Pump
		9927071	Nebulizer

		9927073	Umbilical Artery Catheter
		9927075	Umbilical Venous Catheter
eMedications.06	Medication Dosage Units	3706055	Milligrams per Hour (mg/hr)
eMedications.10	Role/Type of Person Administering Medication	9905002	Emergency Medical Technician - Intermediate
		9905043	Patient
		9905045	Lay Person
		9905047	Law Enforcement
		9905049	Family Member
		9905051	Fire Personnel (non EMS)
eProcedures.03	Procedure	PN= 8801027	Order Criteria Not Met
eProcedures.10	Role/Type of Person Performing the Procedure	9905002	Emergency Medical Technician - Intermediate
		9905043	Patient
		9905045	Lay Person
		9905047	Law Enforcement
		9905049	Family Member
		9905051	Fire Personnel (non EMS)
eProcedures.13	Vascular Access Location	3913079	Wrist-Left
		3913081	Wrist-Right
eAirway.04	Airway Device Placement Confirmed Method	4004021	Chest Rise
eDisposition.19	Final Patient Acuity	4219009	Dead with Resuscitation Efforts (Black)
		4219011	Non-Acute/Routine
eDisposition.21	Type of Destination	4221029	Assisted Living Facility
		4221033	Nursing Home
		4221025	Dialysis Center
		4221027	Diagnostic Services
		4221031	Mental Health Facility
		4221035	Other Recurring Care Center
		4221037	Physical Rehabilitation Facility
		4221039	Drug and/or Alcohol Rehabilitation Facility
		4221041	Skilled Nursing Facility
eDisposition.23	Hospital Capability	9908037	Stroke-Acute Stroke Ready Hospital (ASRH)
		9908039	Stroke-Primary Stroke Center (PSC)
		9908041	Stroke-Thrombectomy-Capable Stroke Center (TSC)
		9908043	Stroke-Comprehensive Stroke Center (CSC)
		9908045	Cancer Center
		9908047	Labor and Delivery

eDisposition.24	Destination Team Pre-Arrival Alert or Activation	4224019	Yes-Sepsis
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3. Create and submit a test PCR that:
 1. Passes validation.
 2. Demonstrates support for all data elements that are being newly collected by Oregon in NEMESIS 3.5 as listed above.
 3. Demonstrates support for at least one new value within each existing data element that has had new values added in NEMESIS 3.5 as listed above.
4. Notify the State when you have submitted the test PCR.
5. Verify that your system is configured to automatically submit patient care report data to Oregon.