



CEMSIS EPCR DATA SUBMISSION UPDATE

Emergency Medical Care Committee

July 2025





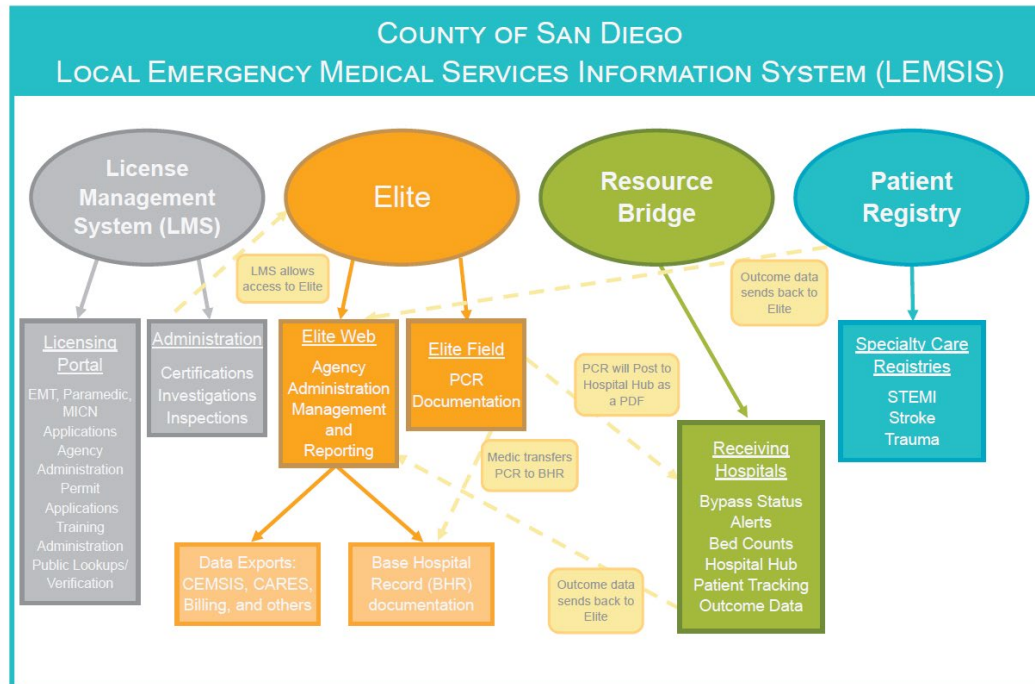
San Diego County EMS Data Background

- Bubble forms
- QANet
- QCS
- LEMSIS = ImageTrend

Fill Out as Completely as Possible										LEMSA #: 037 SAN DIEGO COUNTY EMS PREHOSPITAL PATIENT RECORD																
AGENCY		TR UNIT		FR UNIT		CREW1 (C1)		CREW2 (C2)		FIRST RESP (FR)		INTERN (INT)		QCS#		TYPE OF SERVICE REQUESTED										
						1 (P) (H) (N) (V) (C)		1 (P) (H) (N) (V) (C)		1 (P) (H) (N) (V) (C)		1 (P) (H) (N) (V) (C)				<input type="checkbox"/> 911 Response (Scene)										
0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0 0 0		0 0 0 0 0 0		0 0 0 0 0 0		0 0 0 0 0 0		0 0 0 0 0 0 0 0		<input type="checkbox"/> Intercept										
1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1 1 1		1 1 1 1 1 1		1 1 1 1 1 1		1 1 1 1 1 1		1 1 1 1 1 1		<input type="checkbox"/> Interfacility Transfer										
2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2 2 2		2 2 2 2 2 2		2 2 2 2 2 2		2 2 2 2 2 2		2 2 2 2 2 2 2 2		<input type="checkbox"/> Medical Transport										
3 3 3 3		3 3 3 3		3 3 3 3		3 3 3 3 3 3		3 3 3 3 3 3		3 3 3 3 3 3		3 3 3 3 3 3		3 3 3 3 3 3		<input type="checkbox"/> Mutual Aid										
4 4 4 4		4 4 4 4		4 4 4 4		4 4 4 4 4 4		4 4 4 4 4 4		4 4 4 4 4 4		4 4 4 4 4 4		4 4 4 4 4 4 4 4		<input type="checkbox"/> Standby										
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AGE		DATE OF BIRTH			WT KG		GENDER		RACE/ETHNICITY		PATIENTS AT SCENE		CONTRIBUTING FACTORS (1=Primary Factor)													
		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Known		<input type="checkbox"/> Am Indian or Alaska Nat/Hispanic <input type="checkbox"/> Am Indian or Alaska Nat/Non-Hispanic <input type="checkbox"/> Asian/Hispanic <input type="checkbox"/> Asian/Non-Hispanic <input type="checkbox"/> Black or African Am/Hispanic <input type="checkbox"/> Black or African Am/Non-Hispanic <input type="checkbox"/> Nat Hawaiian or Oth PI/Hispanic <input type="checkbox"/> Nat Hawaiian or Oth PI/Non-Hispanic <input type="checkbox"/> White/Hispanic <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Oth Race/Hispanic <input type="checkbox"/> Oth Race/Non-Hispanic		<input type="checkbox"/> Multiple <input type="checkbox"/> Single <input type="checkbox"/> None		<input type="checkbox"/> Auto-Related <input type="checkbox"/> Auto-Pedestrian/Auto-Bicycle Injury with Significant (>20 MPH) Impact <input type="checkbox"/> Dashboard Damage <input type="checkbox"/> Death in Same Passenger Compartment <input type="checkbox"/> Death on Scene <input type="checkbox"/> Ejection from Automobile <input type="checkbox"/> Extrication Time >20 Minutes <input type="checkbox"/> Initial Speed from Auto Crash >40 MPH <input type="checkbox"/> Intrusion into Passenger Compartment Frontal >12 Inches <input type="checkbox"/> Intrusion into Passenger Compartment Side >8 Inches <input type="checkbox"/> Major Auto Deformity >20 Inches <input type="checkbox"/> Motorcycle Crash >20 MPH or w/Separation of Rider from Bike <input type="checkbox"/> Pedestrian Thrown or Run Over <input type="checkbox"/> Rollover <input type="checkbox"/> Steering Wheel Bent <input type="checkbox"/> Windshield Star <input type="checkbox"/> Other Auto Related <input type="checkbox"/> Other <input type="checkbox"/> Age <5 or >55 <input type="checkbox"/> Anticoagulants <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Cirrhosis <input type="checkbox"/> End Stage Renal Disease Requiring Dialysis <input type="checkbox"/> Falls >15 Feet (Ped Pt >10 feet or 2-3 x height of child) <input type="checkbox"/> Immunosuppressed <input type="checkbox"/> Insulin Dependent Diabetes <input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Pregnancy >20 weeks <input type="checkbox"/> Respiratory Disease <input type="checkbox"/> Time Sensitive Extremity Injury <input type="checkbox"/> Vehicle Telemetry Data Consistent w/Increased Risk of Injury <input type="checkbox"/> Weather <input type="checkbox"/> Other OTHER BARRIERS TO PATIENT CARE (1=Primary Factor) <input type="checkbox"/> Developmentally Impaired <input type="checkbox"/> Hearing Impaired												
VITALS TIME		COMA SCALE		PULSE		RESP		SYS BP		DIAS BP		O2 SAT		INCIDENT		MONTH		DD		YR						
		EYE VER MOT										R/A O2		ZIP CODE												
0 0 0 0		1 1 1 1		0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0		0 0 0 0						
1 1 1 1		2 2 2 2		1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1		1 1 1 1						
2 2 2 2		3 3 3 3		2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2		2 2 2 2						
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PROVIDER IMPRESSION/CHIEF COMPLAINT (Select only one)																										
Chest Pain/Cardiac Related <input type="checkbox"/> Chest Pain - Cardiac (unspecified) <input type="checkbox"/> Chest Pain - Other <input type="checkbox"/> Palpitations <input type="checkbox"/> STEMI					Neurological Related <input type="checkbox"/> Altered Level of Consciousness (unspecified) <input type="checkbox"/> Headache <input type="checkbox"/> Near Syncope/Syncope <input type="checkbox"/> Neurological Deficit (includes CVA/TIA) b/w 2-8 hrs <input type="checkbox"/> Neurological Deficit (includes CVA/TIA) w/1-2 hrs <input type="checkbox"/> Neurological Deficit (Non-Specific) (other)					Respiratory Related <input type="checkbox"/> Apneic Episode <input type="checkbox"/> Choking (Airway Obstruction) <input type="checkbox"/> Respiratory - Non-Specific <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Shortness of Breath - Suspected Asthma/COPD <input type="checkbox"/> Shortness of Breath - Suspected Pulmonary Edema Substance Abuse/ Psych/Poison Related					Trauma Related <input type="checkbox"/> Blunt Trauma - Extremities <input type="checkbox"/> Blunt Trauma - Head/Neck <input type="checkbox"/> Blunt Trauma - Other <input type="checkbox"/> Blunt Trauma - Torso <input type="checkbox"/> CPR - Trauma <input type="checkbox"/> CPR - Trauma Bystander <input type="checkbox"/> Pen Trauma - Extremities <input type="checkbox"/> Pen Trauma - Head/Neck <input type="checkbox"/> Pen Trauma - Other <input type="checkbox"/> Pen Trauma - Torso											



What is LEMSIS?



- The sum of all County EMS data platforms, including:
 - Credentialing, permitting, and administration
 - Training registration and recordkeeping
 - Patient care record generation and management
 - Specialty care patient registries for trauma, stroke, and STEMI
 - Hospital capacity tracking and alerting
 - Reporting and analytics functions
 - Integration with other key data platforms, including CARES, CADs, and CEMSIS

CEMSIS Background



CEMSIS is the *California EMS Information System*

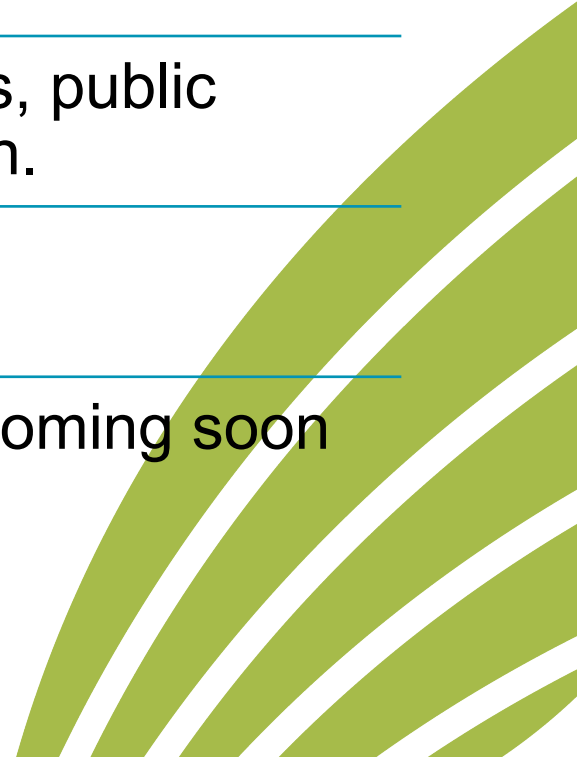
Collects data related to EMS responses, hospital patients, and provider organizations

Data submission is required, including HSC 1797.227 & CCRs

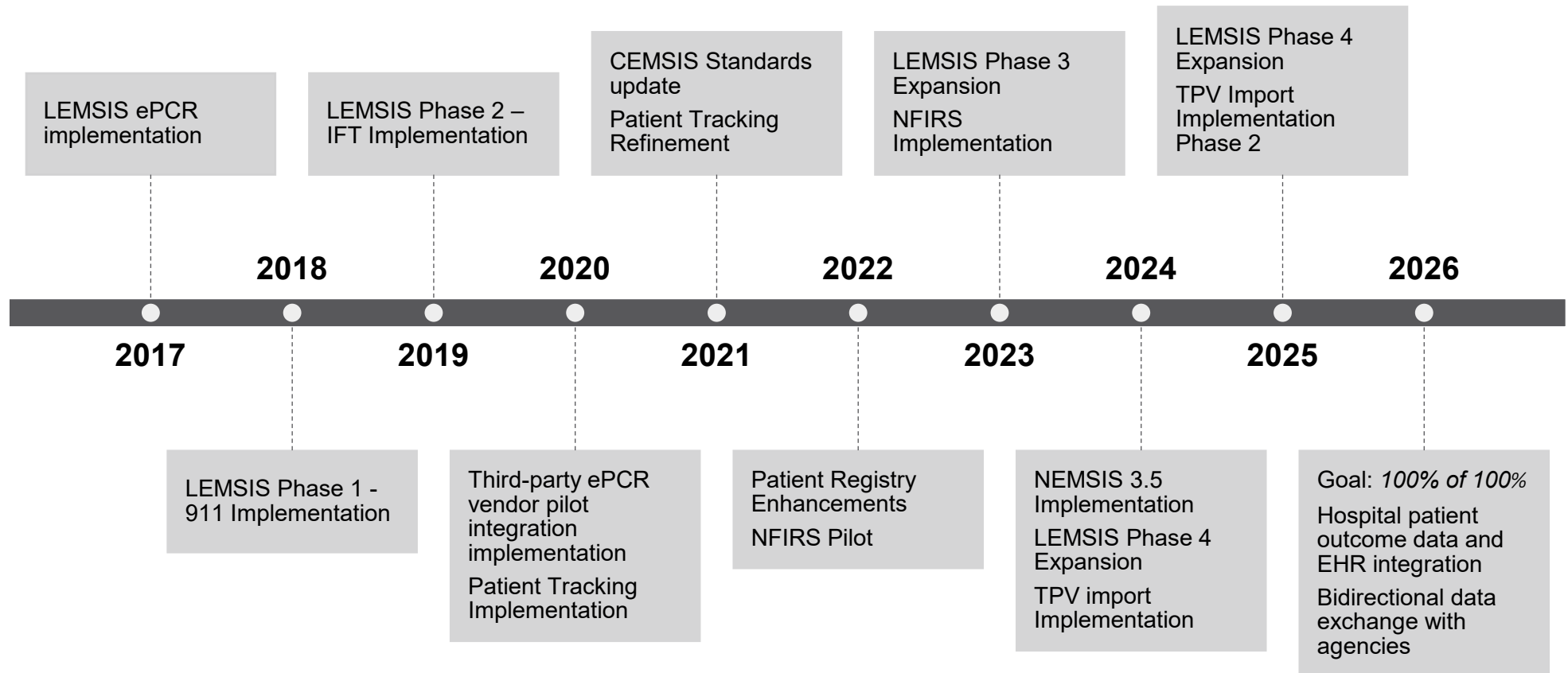
Supports quality care programs, public health, and system optimization.

Adheres to NEMSIS standards

Current NEMSIS v3.5, v3.5.1 coming soon

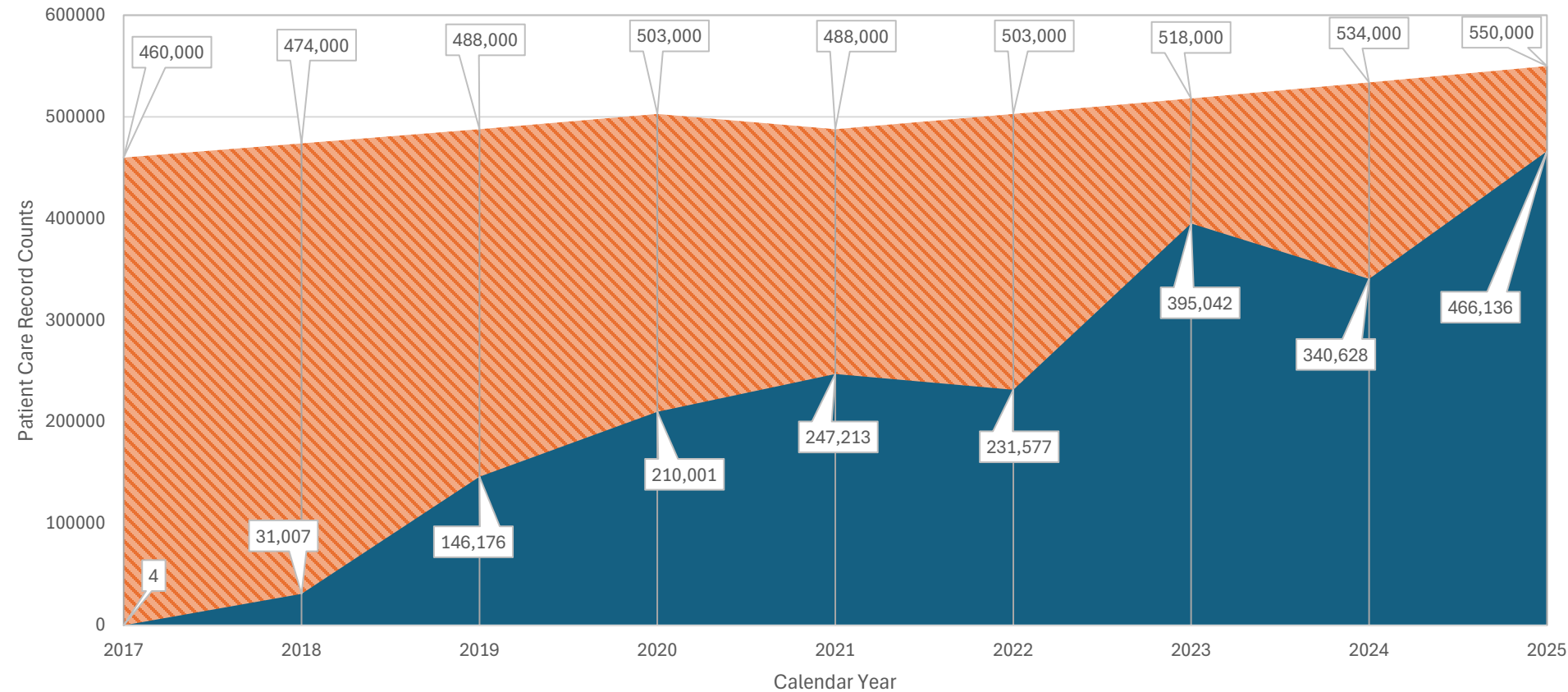


San Diego County EMS Data Timeline



CEMSIS Upload Trend

Number of CEMSIS Exports and Total Estimated EMS PCRs 2017 - 2025

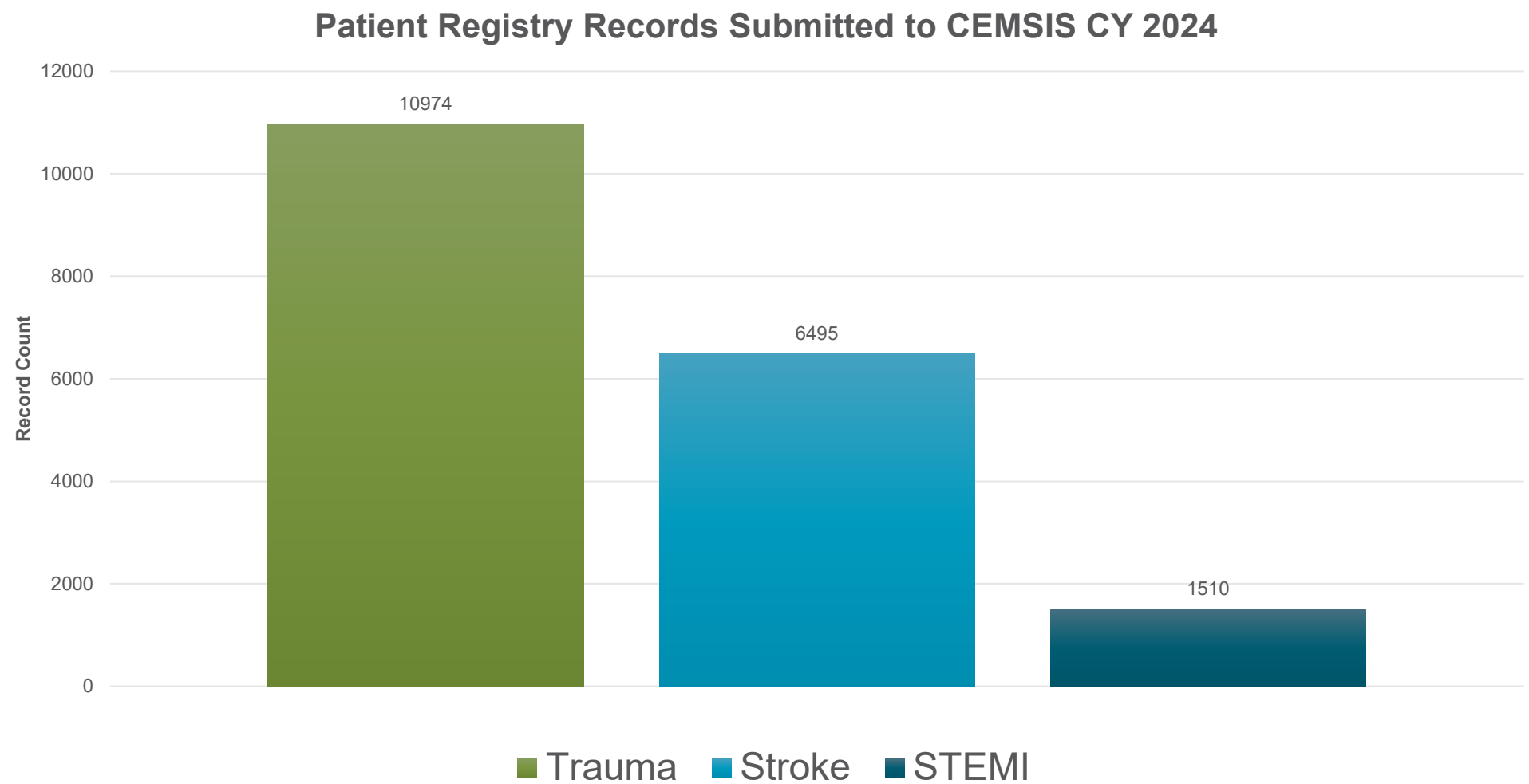


Current EMS Agency CEMSIS Status

CEMSIS Status	Status Counts
LEMSIS User	35
TPV Import to CEMSIS	4
Not Compliant:	18
• Import in NEMSIS v3.4	1
• Transitioning to LEMSIS Q3 2025	2
• Planning for TPV Import 2025	5
• No data submission plan received	8
• Federal Entities with Data Transition Projects	2
Grand Total	60



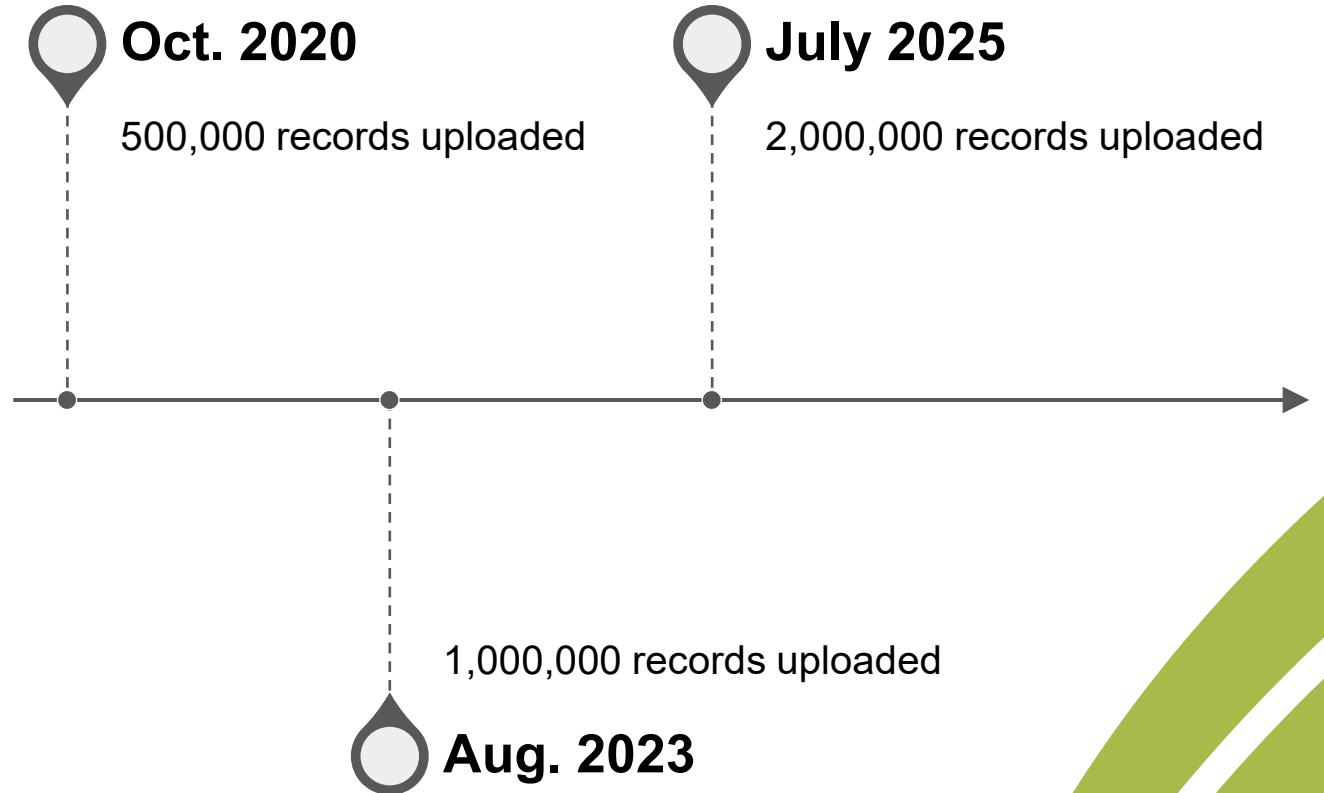
Patient Registry Counts

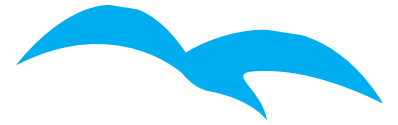




Milestones

Significant LEMSIS-to-CEMSIS Upload Dates





Questions?



CEMSIS Upload Trend

Number of CEMSIS Exports 2017-2025.

