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UPCOMING ADJUSTMENTS TO THE LEMSIS FIELD PATIENT CARE RECORD DATA COLLECTION STANDARDS

The San Diego County Local EMS Information System (LEMSIS) is a secure, centralized platform that collects data on EMS system operations and performance. LEMSIS adheres to California and national standards for patient care information. California Health and Safety Code Section 1797.227 requires all EMS data to be submitted to LEMSIS and then to state and federal databases, and in a format that complies with all national, state, and local criteria.

The San Diego County LEMSIS is adopting several updates on March 17, 2026 to meet the requirements of the California Emergency Medical Services Information System (CEMSIS). These updates include introducing new standardized lists for medications and procedures; revising the method of collecting the Type of Service Requested (eResponse.05) field; standardizing Response Mode and Transport Mode data; and adding several data options included in the NEMSIS 3.5.1 update. Some of these upcoming steps towards EMS documentation standardization will be applicable only to ePCRs for emergency ground transport (scene calls and interfacility transports) and not Critical Care Transports (CCT) or air medical transports.

Type of Service Requested (eResponse.05) Updates

The LEMSIS labels for this frequently used field are being updated to collect data more consistently and align with the [EMSA Ambulance Patient Offload Time standard](#). This table displays the current verbiage and the updated label.

Current Label and NEMSIS Code ¹		New Label
911 Response (Scene) (2205001)	→	Emergency Response (Primary Response Area)
Interfacility Transport /CCT (2205005)	→	911 Transfer, Hospital-to-Hospital
Medical Transport (BLS) (2205007)	→	Routine Medical Transport

LEMSIS will also add these new values:

- Emergency Response (Mutual Aid) (2205009)
- Hospital to Non-Hospital Facility Transfer (2205015)
- Non-Hospital Facility to Non-Hospital Facility Transfer (2205017)
- Non-Hospital Facility to Hospital Transfer (2205019)

¹ NEMSIS codes are generally not viewable by the field ePCR user.

- Standby (2205013)
- Support Services (2205021)
- Crew Transport Only (2205025)

Ambulance service providers will now have more options to document interfacility transports, with a total of four transfer types. The extended data definitions from NEMSIS are provided below. It is essential to match the Type of Service Requested (eResponse.05) with the appropriate Unit Transport and Equipment Capability (eResponse.07), especially for CCT.²

Response and Transport Mode Documentation Clarifications

Response and transport mode documentation is a critical element of the EMS patient care report. This documentation is crucial for system evaluation and quality management, and it ensures a clear picture of the patient's condition and the care provided during transport. Some providers have expressed concern that the data labels included in the PCR options are not sufficiently clear following the implementation of the additional NEMSIS v3.5 data elements.

To clarify, appropriate documentation for several common scenarios is outlined below:

EMS Service to Scene	Response Mode to Scene (eResponse.23)	Additional Response Mode Descriptors (eResponse.24)
Emergency 9-1-1 response with lights and sirens (including responses to a staging location) <i>(Code 3 or Hot Response)</i>	<i>Emergent (Immediate Response)</i>	<i>Lights And Sirens</i>
Non-emergency 9-1-1 response, without lights and sirens <i>(Code 2 or Cold Response)</i>	<i>Emergent (Immediate Response)</i>	<i>No Lights or Sirens</i>
Initial lights and sirens response, downgraded by emergency medical dispatch or first responder at scene	<i>Emergent (Immediate Response)</i>	<i>Initial Lights and Sirens, Downgraded to No Lights or Sirens</i>
Emergency IFT (9-1-1 or Immediate Request, including CCT) <i>(Code 3 or Hot Response)</i>	<i>Emergent (Immediate Response)</i>	<i>Lights And Sirens AND Unscheduled</i>
Non-emergency IFT, as soon as possible service <i>(Code 2 or Cold Response)</i>	<i>Non-Emergent</i>	<i>No Lights or Sirens AND Unscheduled</i>
Scheduled IFT <i>(Code 2 or Cold Response)</i>	<i>Non-Emergent</i>	<i>No Lights or Sirens AND Scheduled</i>
Standby or other scheduled service, including sports, incident, or special event staffing. <i>(Code 2 or Cold Response)</i>	<i>Non-Emergent</i>	<i>No Lights or Sirens AND EITHER Scheduled OR Unscheduled</i>

² CCT transports should use the newer eResponse.07 – Unit Transport and Equipment Capability *Ground Transport (Critical Care Equipped)* option to better describe the transport type.

Similarly, example documentation of patient transport mode scenarios may include these combinations, applicable to 9-1-1, CCT, and IFT service levels:

EMS Transport to Destination	Transport Mode from Scene (eDisposition.17)	Additional Transport Mode Descriptors (eDisposition.18)
Acute status/life threat <i>(Code 10 or Code 3)</i>	<i>Emergent</i>	<i>Lights And Sirens</i>
Routine ambulance transport <i>(Code 20, 30, 40, or 50; or Code 2)</i>	<i>Non-Emergent</i>	<i>No Lights or Sirens</i>
Initial transport changed to acute status	<i>Non-Emergent Upgraded to Emergent</i>	<i>Initial No Lights or Sirens, Upgraded to Lights and Sirens</i>
Acute status transport changed to routine transport	<i>Emergent Downgraded to Non-Emergent</i>	<i>Initial Lights and Sirens, Downgraded to No Lights or Sirens</i>

Upcoming Standardized Lists for Medications And Procedures

CEMSIS has updated the state-level procedures (eProcedures.03) and medications (eMedications.03) lists to standardize documentation. These updates will improve the quality improvement efforts and program reporting at the state level. The Emergency Medical Services Authority (EMSA) recognizes the importance of customizing local data collections to support operational and quality improvement initiatives. The San Diego County EMS Office is collaborating with stakeholders to implement the necessary changes while maintaining data continuity whenever possible. This review is ongoing, and additional information will be shared before any changes that could affect field user documentation are made. EMS data system administrators should review the relevant EMSA memos dated [May 19, 2025](#), [June 2, 2025](#), and [October 30, 2025](#), as well as the technical lists available on the [CEMSIS Value List Resources](#) page.

Please contact the EMS Office with any questions at EMSNotifications@sdcounty.ca.gov.

Thank you for your commitment to providing high-quality patient care to our patients in San Diego County.

Sincerely,



Andrew Parr, EMS Administrator
San Diego County Emergency Medical Services Office
San Diego County Fire

Attachments: NEMSIS eResponse.05 Extended Definitions

NEMSIS eResponse.05 Extended Definitions

Many EMS personnel in San Diego County continue to rely on outdated documentation methods. Ambulance services should implement training to ensure their documentation aligns with current standards. Specifically, routine, non-emergency interfacility transfers should not use the *Hospital-to-Hospital Transfer* element, according to national data definitions. Instead, these transfers should be documented as *Non-Hospital Facility to Hospital Transfer* or *Other Routine Medical Transport*, as detailed below.³ Similarly, 9-1-1 providers handling urgent transfer requests from a general acute care hospital to specialty services—such as trauma transfers or transfer to cardiac catheterization labs—should select the *Hospital-to-Hospital Transfer* option.

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 (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 freestanding 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).

³ Reproduced from the [NEMSIS v3.5.0 Extended Data Definitions](#) dated May 2024.

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)