COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

Countywide AWARE Direct-to-Receiving Hospital Notification

Frequently Asked Questions | Updated August 19, 2026

Beginning September 2, 2026, at 0800, the existing digital prehospital notification pilot projects will conclude, and participating EMS agencies and receiving hospitals will transition to countywide direct-to-receiving-hospital radio notifications using the AWARE format. This is a transitional process while the County continues procurement and implementation work toward the future state of digital direct-to-receiving hospital notification, with radio communication available as a backup.

1. What is an AWARE notification?

AWARE is intended to be a brief readiness notification, not a traditional full base hospital report. The alert should provide enough information for the receiving emergency department to adequately prepare for the patient. Please review the memo and training materials here.

2. Why are we moving to direct radio alerts now if the long-term plan is digital?

The current digital notification pilots conclude on September 2 and cannot continue indefinitely in their present form. Rather than returning to routine base hospital notification for all transports, the County is piloting the radio component of the future communication model while the digital platform is procured and implemented. This maintains direct communication between the transporting crew and receiving hospital and advances having a unified countywide EMS-to-receiving hospital communication pathway.

3. Is the CAD/Incident number expected as part of the report?

Yes. The CAD/incident number should be included with the identifying information at the beginning of the notification. Hospitals use this information for patient and case tracking. The AWARE EMS job aid has been updated to make this more explicit.

4. Which hospital should EMS contact?

EMS should notify the hospital that will actually receive the patient. This applies across the system, including health systems with multiple hospital campuses (e.g., Kaiser). If the patient is being transported to a particular hospital, EMS should contact that receiving hospital directly.

5. What should EMS do when Online Medical Direction/Orders are needed?

Base hospitals remain available for base hospital orders and other functions required by County policy or protocol. When contacting a base hospital for an order or clinical consultation, EMS should provide enough information to obtain the needed medical direction and to allow the receiving hospital to prepare for the patient. The base hospital should then relay the notification to the receiving hospital when appropriate so EMS does not need to provide the same report twice.

6. How should EMS confirm whether a specialty receiving service is open?

When destination selection depends on the availability of a County-designated specialty service (e.g., STEMI, stroke, ECPR, trauma, L&D), EMS should contact a base hospital to confirm the service is open before finalizing the destination decision. This EMS communication is a brief status check and does not require a full patient report solely to determine whether the service is open. Once the destination is established, EMS should provide the AWARE notification directly to the receiving hospital.

7. If EMS is already speaking with a base hospital to check specialty availability, can the entire notification simply be given to the base?

The normal workflow should still be direct notification to the receiving hospital. One of the primary themes from the pilot project feedback was that direct communication between the transporting crew and receiving hospital reduces information loss associated with relayed reports.

If EMS needs medical direction from the base hospital or has other clinical reasons, or if direct contact with the receiving hospital isn't possible, the base hospital can receive and relay the required report. Notifying the base hospital is preferred over arriving without notice.

8. Can a non-base receiving hospital redirect an ambulance after receiving an AWARE report or due to specialty/resource limitations?

No. The AWARE report is a readiness notification, not a request for permission to transport, and non-base hospitals do not provide medical or destination direction to EMS. If destination guidance is needed for any reason, EMS must contact a base hospital.

A receiving hospital may inform the transporting crew that it is in a formally recognized status, such as Internal Disaster or County Ambulance Diversion. In those cases, the hospital may notify EMS of this specific and time-limited status, and the crew will then follow County destination policy and redirect as appropriate.

Hospitals may not otherwise redirect ambulances for any reason, including a lack of non-designated specialty services (e.g., GI, hand surgery, plastics, ophthalmology, psychiatry, dialysis) or other resource limitations.

9. What happens during an MCI or when MEDCOM is established?

Existing MCI and MEDCOM processes remain unchanged. If MEDCOM is established, communication and patient distribution continue through the base hospital using the existing policy and process.

10. Are BLS radio channels recorded?

Yes. County EMS records the BLS radio channels. Hospitals that do not maintain or have access to their these recordings and need a recording for a specific case may contact County EMS for assistance.

11. What should EMS do if direct radio communication with the receiving hospital is unavailable?

Existing communication-failure and backup processes remain available. Where an established recorded telephone line or other direct communication method is used because radio coverage is unavailable, these processes may continue. A base hospital also remains available as a communication backup when the receiving hospital cannot be reached directly.

12. How should transports to out-of-county hospitals be handled?

Existing communication workflows should continue for out-of-county destinations. When a direct communication pathway with the receiving hospital is available, EMS may contact that facility directly. When direct contact is not available, or radio/cellular coverage does not support it, EMS may continue to use a San Diego County base hospital for relay assistance.

13. How should problems or concerns with the pilot be reported?

County EMS is adapting the existing No-Notice Ambulance reporting process to capture:

- No-notice arrivals
- Missed notifications
- Inadequate notifications
- Other communication concerns

Case-specific clinical or patient-care concerns should continue to be submitted through the County EMS Quality Management process at EMSNotifications@sdcounty.ca.gov. Feedback from EMS agencies and hospitals will be used to evaluate the pilot and identify operational improvements.