**JEFF COLLINS**
DIRECTOR
San Diego County Fire
(619) 339-0283

**PUBLIC SAFETY GROUP**
**SAN DIEGO COUNTY FIRE**
**SAN DIEGO COUNTY EMERGENCY MEDICAL SERVICES OFFICE**
5560 OVERLAND AVE, SUITE 400, SAN DIEGO, CALIFORNIA 92123-1204
www.SanDiegoCountyEMS.com

**ANDREW (ANDY) PARR**
EMS ADMINISTRATOR
Deputy Director, Departmental Operations
(619) 285-6429

August 13, 2026

**EMS DELIVERY SYSTEM REDESIGN PREHOSPITAL NOTIFICATION PILOT PROGRAM TRANSITION**

On September 2 at 0800, the ImageTrend, Pulsara, and TigerConnect prehospital notification pilot programs will conclude. We appreciate the enthusiastic participation of our hospital and prehospital stakeholders. Your engagement, flexibility, and thoughtful feedback have been essential to inform next steps in the EMS Delivery System Redesign.

A new countywide pilot program will begin as of September 2. All EMS agencies and receiving emergency departments, including federal and out-of-county, will participate in a new direct-to-receiving hospital radio pilot. EMS agencies will use the AWARE format to provide brief prehospital notification directly to the receiving hospital. The five components of AWARE are:

- **Alert, Acuity, and Arrival** (initial alert, patient acuity, and estimated time of arrival)
- **Who and What** (patient age, gender, and primary complaint or mechanism)
- **Abnormal Assessment** (significant abnormal findings)
- **Response to Treatment** (interventions performed and the patient's response)
- **ED Readiness Needs** (information that affects immediate hospital preparation)

AWARE is for notification to any receiving hospital that a patient is enroute.
**Non-Base Hospitals are not permitted to provide medical direction, including destination decisions**.
Base Hospital contact remains a requirement for any clinical consultation, including:

- Online medical direction (e.g., BHO, BHPO, EPE, clinical consultation)
- Clarification of specialty receiving center status (e.g., open or closed for STEMI, stroke, trauma)
- Destination or disposition guidance
- Multiple patient or mass casualty incidents using MEDCOM
- When unable to communicate directly with the receiving hospital
- If required by County EMS policy or protocol (e.g., high-risk AMA disposition, death pronouncement, trauma special consideration destination)

This new prehospital notification pilot, effective September 2, is subject to the conditions outlined in the February 26 memo: *EMS Delivery System Redesign Update: Prearrival Notification Pilot Projects and Conditions for Suspension of Portions of Policies S-412 and S-415*.

We look forward to your participation in this critical next step in our EMS Delivery System Redesign.

Sincerely,

Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS, Medical Director
San Diego County Emergency Medical Services Office
San Diego County Fire

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

Enclosures: Hospital Job Aid, EMS Job Aid, Hospital Radio Channel Guide, February 26 EMS Delivery System Redesign Update Memo

COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

# Countywide AWARE Direct-to-Receiving Hospital Notification

**Hospital Job Aid** | **Effective September 2, 2026 at 0800**

**Beginning September 2, 2026 at 0800,** EMS units will give routine prearrival notifications directly to the receiving hospital on its designated radio channel using the AWARE format. **AWARE is intentionally brief and serves as a readiness notification.**

## When a radio call is received

| | |
|---|---|
| 1 | Acknowledge the EMS unit promptly. |
| 2 | Listen first for acuity, patient/notification type, and ETA. |
| 3 | Initiate any necessary specialty, equipment, PPE, security, or other preparations. |
| 4 | Ask only questions that affect immediate readiness or safety. |

## AWARE Format

| | |
|---|---|
| A | **Alert, Acuity, Arrival:** Hospital; unit & CAD #; patient/notification type; mild, moderate, or acute; ETA. |
| W | **Who and What:** Age and sex; chief complaint or mechanism; relevant time marker (e.g., LKW, onset, injury time, downtime). |
| A | **Abnormal Assessment:** Abnormal vital signs, mental status, or findings that affect preparation. For a mild patient with no concerning findings, crews may say "normal vitals." |
| R | **Response to Treatment:** Significant treatment and clinically relevant response (e.g., meds, procedures, access) |
| E | **ED Readiness Needs:** Specialty activation, RT or equipment, PPE/isolation, security, decontamination, or other immediate clinical preparation. |

## If notification is missed or inadequate

Submit no-notification, delay, unclear-acuity, insufficient-readiness, or radio concerns through the designated County EMS AWARE/no-notice feedback pathway.

## Examples

**MILD:** "Kaiser San Marcos, RA141, CAD# 2026-999999, mild status medical, ETA 8 minutes. 42-year-old female with abdominal pain and nausea for 6 hours. Normal vitals. No treatment."

**MODERATE:** "Palomar Poway, M93, CAD# PW26999999, moderate status stroke alert, ETA 12 minutes. 76-year-old female with new right arm weakness and slurred speech, last known well 45 minutes ago. BP 188/96, glucose 112, alert, BE-FAST positive. FAST-ED 2."

**ACUTE:** "Palomar Escondido, RA131, CAD# 2026-999999, acute major trauma alert, ETA 5 minutes. 25-year-old male, motorcycle crash with ejection, GCS 10, systolic BP 86. IV access obtained, fluids started, being ventilated. More details on arrival."

## EMS Instructions

**Brief:** Routine notifications should generally take 30 seconds or less. EMS should give the shortest report that allows safe preparation. For an acute hands-on patient, give the essential alert first.

**Relevant:** Report only what affects immediate hospital readiness or continuity of care.

**OLMD Needed:** If EMS needs orders, clinical advice, destination assistance, or any policy/protocol-required contact (e.g., termination, AMA), they will contact a base hospital. For these cases, a Base will relay the report to a non-base destination. Non-base hospitals should not provide medical or destination direction.

COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

# Countywide AWARE Direct-to-Receiving Hospital Notification

**EMS Job Aid** | **Effective September 2, 2026 at 0800**

**Beginning September 2, 2026,** contact the receiving hospital directly on its designated radio channel and give a report using the AWARE format. **AWARE is intentionally brief and serves as a readiness notification.**

## Who Should I Call?

| | |
|---|---|
| **Receiving Hospital** | Routine transport with an established destination: use the hospital's designated radio channel and the AWARE format. Non-base hospitals should not provide medical or destination direction. |
| **Base Hospital** | OLMD (BHO/BHPO/EPE), clinical advice, destination assistance, or any policy/protocol-required contact (e.g., termination, AMA). MICN will relay report to non-base destination. If needed, make base contact to confirm specialty availability without giving full report. |

## Use the AWARE format

| | |
|---|---|
| **A** | **Alert, Acuity, Arrival:** Hospital; unit & CAD #; patient/notification type; mild, moderate, or acute; ETA. |
| **W** | **Who and What:** Age and sex; chief complaint or mechanism; relevant time marker (e.g., LKW, onset, injury time, downtime). |
| **A** | **Abnormal Assessment:** Abnormal vital signs, mental status, or findings that affect preparation. For a mild patient with no concerning findings, use "normal vitals." |
| **R** | **Response to Treatment:** Significant treatment and clinically relevant response (e.g., meds, procedures, access) |
| **E** | **ED Readiness Needs:** Specialty activation, RT or equipment, PPE/isolation, security, decontamination, or other immediate clinical preparation. |

## Examples

**MILD:** "Kaiser San Marcos, RA141, CAD# 2026-999999, mild status medical, ETA 8 minutes. 42-year-old female with abdominal pain and nausea for 6 hours. Normal vitals. No treatment."

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## Reminders

**Brief:** Routine notifications should generally take 30 seconds or less. Give the shortest report that allows safe preparation. For an acute hands-on patient, give the essential alert first.

**Relevant:** Report only what affects immediate hospital readiness or continuity of care.

COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

# HOSPITAL/ED RADIO CHANNELS

**Select the listed zone, then select the hospital channel. Use the channel label displayed in your agency's radio programming.**

| HOSPITAL NAME | ZONE | CHANNEL |
|---|---|---|
| Sharp Tri-City Medical Center | ALS | TRI |
| Scripps Memorial Hospital La Jolla | ALS | SLJ |
| Palomar UCSD Medical Center - Escondido | ALS | PAL |
| UCSD Medical Center - Hillcrest | ALS | UCSD |
| Scripps Mercy Hospital San Diego | ALS | MRCY |
| Sharp Memorial Hospital | ALS | SHRP |
| Sharp Grossmont Hospital | ALS | GRSMT |
| Scripps Mercy Hospital Chula Vista | BLS | SCV |
| Rady Children's Hospital | BLS | CHILD |
| UCSD Medical Center - East | BLS | UCSD-E |
| El Centro Regional Medical Center | BLS | ELCTR |
| Pioneers Memorial Hospital | BLS | PION |
| Palomar UCSD Medical Center - Poway Campus | MT1 | P POW/POM |
| Scripps Memorial Hospital Encinitas | MT1 | SENC |
| Camp Pendleton Naval Hospital | MT1 | CPEN |
| VA Medical Center - San Diego | MT1 | VET |
| UCSD Medical Center - La Jolla | MT1 | THRN/UCSD LJ |
| Naval Medical Center San Diego - Balboa | MT1 | NAVY |
| Kaiser Zion Medical Center | MT1 | KZION |
| Kaiser San Diego Medical Center | MT1 | KSDMC |
| Kaiser San Marcos Medical Center | MT1 | KSMAR |
| Paradise Valley Hospital | MT1 | PARD |
| Sharp Coronado Hospital | MT1 | CRD |
| Sharp Chula Vista Medical Center | MT1 | SHCV |

Channel labels may vary after radio reprogramming. Follow current County EMS and agency communications if a displayed label differs from this guide.

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EMS ADMINISTRATOR
Deputy Director, Departmental Operations
(619) 285-6429

February 26, 2026

**EMS DELIVERY SYSTEM REDESIGN UPDATE: PREARRIVAL NOTIFICATION PILOT PROJECTS AND CONDITIONS FOR SUSPENSION OF PORTIONS OF POLICIES S-412 AND S-415**

Starting in March 2026, the San Diego County Emergency Medical Services Office (CoSD EMS) will implement several pilot projects to assess the best method for EMS prearrival notification to receiving hospitals. Multiple EMS agencies and hospitals will participate in various prearrival notification pilot projects. The goal of these pilot projects is to improve efficient communication between EMS clinicians and hospital emergency departments. The Engage San Diego County project page contains additional details.

Some requirements of the following CoSD EMS Policies will be suspended under specific conditions:
S-412 *Prehospital Treatment and Transportation of Adults–Refusal of Care or Suggested Destination, Release*
S-415 *Base Hospital Contact/Patient Transportation and Report – Emergency Patients*

For the duration of each of the respective pilot projects, Base Hospital contact requirements specified in Policies **S-412 (IV.D.1)** and **S-415 (IV.B.1–8, E.1)** are suspended for participating agencies in cases **when the following conditions are met:**[1]

- the patient is being transported to a hospital participating in the same pilot program; **and**
- the transporting agency notifies that hospital via the specified pilot notification process.

All other provisions of these policies, including Base Hospital contact requirements, remain in effect regardless of whether agencies are participating in the pilot program.

Participating entities will receive detailed operational guidance and training prior to implementation of the pilot programs. Receiving hospital notification methods are specified in each model's training program.

CoSD EMS will conduct compliance monitoring during the pilot period to ensure patient safety and system integrity. At the conclusion of the pilot programs, CoSD EMS will engage the EMS Delivery System Redesign Steering Committee and Core Group to assist with outcome evaluation to inform future policy updates.

We look forward to your collaboration as we implement these pilot projects to modernize coordination between prehospital and hospital systems, and to build a patient-centered, efficient, and equitable EMS delivery system across San Diego County.

Sincerely,

Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS, Medical Director
San Diego County Emergency Medical Services Office
San Diego County Fire

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

Enclosure: "Base Hospital Contact Requirements Remain in Effect for Each of the Following Situations During the Pilot Program"

[1] Base Hospital contact requirements per S-412 and S-415 remain in effect for all other circumstances (see enclosure).

| BASE HOSPITAL CONTACT REQUIREMENTS REMAIN IN EFFECT FOR EACH OF THE FOLLOWING SITUATIONS DURING THE PILOT PROGRAM |
| --- |
| Transport to a receiving facility not participating in the same pilot model, e.g., Escondido Fire (ImageTrend pilot) transporting to Scripps Encinitas (Pulsara pilot) |
| Selected receiving center does not have current capacity to accept the patient (e.g., on diversion) |
| Non-transported patient meets Base Hospital contact criteria per Policy S-415 (e.g., AMA or release at scene) |
| Patient refuses treatment or transport and at high risk of poor outcome per EMS clinician judgement |
| Patient requests transport to facility not equipped to manage medical condition |
| EMS clinicians seek online medical direction or consultation on clinical presentation, treatment, or disposition of patient |
| Patient meets trauma or burn center criteria and is not being transported to a hospital participating in the same pilot program (includes patients meeting trauma “special considerations” criteria) |
| Request for a Base Hospital Physician pronouncement of death |
| Multiple-patient incidents, including MCI/Annex D activations |