

NASEMSO DATA MANAGERS COUNCIL
Mid-Year Meeting
Monday, March 3, 2014
Meeting Minutes

Attendance:

Council Members

Kevin Putman - MI	Dan Smiley – CA	Tom McGinnis – CA
Mark Roberts – CA – ICEMA	Juan Esparza – FL	Steve McCoy – FL
Tammy Sajak – TX	John Cramer – ID	Rogelio Martinez – AZ
Stuart Castle – NM	Lindsey Narloch – ND	Paul Sharpe – VA
Jean Speck – CT		

Other

Dan Vanorny – ImageTrend	Adam Mihlfried –emsCharts	Josh Legler – Contractor
Rene’ Nelson – ZOLL	Doug – ZOLL	John Whannel – ZOLL
Lynn White - AMR	Karen Jacobson - NEMSIS	Clay Mann - NEMSIS
Noah Smith - NHTSA	Greg Mears - ZOLL	

State Reports:

State reports were given by all the states represented in attendance. Some common themes were:

- 1) Demonstrating how EMS data is used by the state remains a problem for most.
 - a. Arizona has begun sending out quarterly benchmarking reports on stroke, stemi, and cardiac arrest.
 - b. Florida has data warehousing solution that was able to link EMS records with discharge data and made that available to services.
 - c. California is working on core EMS quality measures. They have 28.
- 2) States discussed efforts that that has or has not taken place in their state in regards to the v3 transition.

Supporting Evidence Based Guidelines:

*Mary Hedges – Program Manager with NASEMSO and staff person for the Medical Directors Council. Mary spoke to the group about supporting the Model EMS Clinical Guidelines developed by the Medical Directors Council. The project began 1.5 years ago to develop model clinical evidence based guidelines. The first draft is to be released by March 18th with feedback requested by April 15th (now changed to 4/30/14). The final workgroup meeting will be May 7th and 8th. The draft guidelines can be found on the NASEMSO website at <http://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp> .

State Partner Updates:

*Noah Smith – EMS Specialist with NHTSA

Noah appreciated the opportunity to attend the meeting. NHTSA understands the financial challenges in collecting and starting to use EMS data. NHTSA wants to see the data used for local and state performance improvement. Currently, NHTSA is funding a research project to look at the data quality, completeness and reliability of EMS data and how the data can be used with the 2009 NHTSA EMS Performance Measures (which can be found at <http://www.ems.gov/pdf/811211.pdf>). From that research project, information on what was learned will be disseminated to states and agencies with benchmarking measures.

*Jim DeTienne – NASEMSO President and Montana EMS Director

Jim thanked the Data Manager Council for the hard work it has put in. He appreciated the strategic plans and work plans that are keeping the association moving forward. Jim felt NASEMSO and the DMC is a great place to start planning for data – what we want and the direction we want to go.

Health Information Exchanges (HIEs):

*Nick Nudell – Chief Data Officer with PrioriHealth Partners, LLP

Nick spoke regarding HIEs. Meaningful Use Stage 2 includes working with HIEs. If facilities aren't meeting the requirements of Meaningful Use, they are required to pay the money back to the federal government received for implementation of their electronic health record systems.

Facilities are still faxing medical records. The HIE will simplify this process through the use of the CCDAs. CCDAs (Consolidated Clinical Data Architecture) is the equivalent of a NEMESIS xml file. The XML export file facilitates the exchange of data. It is different from NEMESIS xml because it is two directional.

Hospitals keep records about patients, but EMS keeps records about incidents. Technical changes may be required. At the federal level the SS# cannot be used to identify the patient. Therefore each health care entity must create a unique number, which creates barriers.

Three different ways to do matching:

1. Direct Matching
 - a. Sedgewick County EMS - Hospital Number is manually placed in the ePCR.
 - b. Most systems don't work like this.
2. Probabilistic Linkage
 - a. Use 5 data points, typically gets 95% chance of matching the patients together:
 - i. Name
 - ii. Address
3. Deterministic Linkage

There was a recent meeting in Washington DC regarding HIEs and EMS. Nick and Paul Sharpe attended. The meeting included representatives from the Office of the National Coordinator, HHS, and ASPR.

The Office of the National Coordinator for Health Information Technology (ONC) is writing rules for Stage 3. It has been requested that EMS be included this time.

Schematron / Data Quality:

*Josh Legler – Data Consultant

Josh Legler pointed out [Data Validation in the NEMESIS XML Standard: Using the XML Schema & Schematron](#), which provides a primer on validation in NEMESIS. He led us through an exercise where we practiced being Schematron validators. He also reviewed questions regarding state-level validation rules: they are not required, but if your state has validation rules, they need to be in Schematron format and submitted to the NEMESIS TAC for distribution to software developers. He discussed how to prioritize validation rule implementation: prioritize data quality issues based on prevalence, difficulty of working

around or ease of fixing, and importance/impact. Lastly, he reviewed the content of the newly updated [national Schematron rules](#) and led us in an exercise where we pretended to field calls from EMTs regarding validation errors. Please see Josh’s presentation available on the NASEMSO website at <https://www.nasemso.org/Councils/DataManagers/documents/>.

NEMSIS TAC Time:

*Clay Mann – NEMSIS Principal Investigator

Clay spoke about the pilot NEMSIS agency report, an overview of the reporting tools, as well as the critical update that the DMC was requesting. Also, V2 data collection has been extended through 2015.



NEMSIS Timeline for Migration from v2 → v3 → HL7

	2011	2012	2013	2014	2015	2016	2017	2018
NEMSIS V2	Yellow	Yellow	Yellow	Yellow	Yellow with diagonal lines	White	White	White
NEMSIS V3	White	Orange	Orange	Orange	Orange	Orange	Orange	Orange
NEMSIS HL7	White	White	White	White	Red	Red	Red	Red

Transition Period for V2 to V3

Updated 3-4-2014

Please see Clay’s presentation at the following website.

<https://www.nasemso.org/Councils/DataManagers/documents/>

Attachment: Schematron Exercise

<EMSDataset>

```
<PatientCareReport>
  <PcrNumber>1</PcrNumber>
  <Delay>None</Delay>
  <Delay>Traffic</Delay>
  <Times>
    <NotifiedTime>1:00</NotifiedTime>
    <BackInServiceTime>1:30</BackInServiceTime>
  </Times>
  <Miles>
    <StartMile>0</StartMile>
    <EndMile>25</EndMile>
  </Miles>
</PatientCareReport>
```

```
<PatientCareReport>
  <PcrNumber>2</PcrNumber>
  <Delay>Safety</Delay>
  <Delay>Weather</Delay>
  <Times>
    <NotifiedTime>12:45</NotifiedTime>
    <BackInServiceTime>01:30</BackInServiceTime>
  </Times>
  <Miles>
    <StartMile>2500</StartMile>
    <EndMile>1550</EndMile>
  </Miles>
</PatientCareReport>
```

</EMSDataset>

Schema

p1 **Pattern**

p1.r1 **Rule** context = "Times"

p1.r1.a1 **Assert** test = "BackInServiceTime >= NotifiedTime"

Back in Service Time should be after Unit Notified Time.

p1.r1.a2 **Assert** test = "current-time() >= NotifiedTime"

Unit Notified Time should be in the past.

p1.r1 **Rule** context = "Miles"

p1.r1.a1 **Assert** test = "StartMile = 0"

Start Mile should be 0.

p1.r1.a2 **Assert** test = "EndMile >= StartMile"

End Mile should be bigger than Start Mile.

p2 **Pattern**

p2.r1 **Rule** context = "Delay[. = 'None']"

p2.r1.a1 **Assert** test = "count(..Delay)=1"

Back in Service Time should be after Unit Notified Time.

p2.r1 **Rule** context = "Delay"

p2.r1.a1 **Assert** test = "../Times/BackInServiceTime -
../Times/NotifiedTime > 1:00"

If there is a delay, the call should be at least an hour long.

Customer Support

When Type of Response Delay is "None/No Delay", no other Type of Response Delay should be recorded.

Incident County should be a number representing the ANSI code for the county.

Date/Time Procedure Performed should be no earlier than Arrived at Patient Date/Time or Date/Time Initial Responder Arrived on Scene, unless Procedure Performed Prior to this Unit's EMS Care is "Yes".

When Medication Given has a Pertinent Negative, it should have a value and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting).