

National Association of State EMS Officials

Data Managers Council Monthly Meeting

Conference Call

April 15, 2014

Chair: Paul Sharpe, Virginia

Chair-Elect: Lindsey Narloch, North Dakota

Secretary: Ryan Tyler, Arkansas

Immediate Past Chair: Joe Moreland, Kansas

**Call to order by Paul Sharpe on April 15, 2014 at 1333 hours (CST).**

**Roll Call, Ryan Tyler**

Attendees:

Bob Cooney - PA

Chip Cooper - NH

Christopher Handley - Navy / DOD

Chuck Happel - WI

Clay Mann - NEMSIS

Daniel Lee - IL

Doug Fuller - NE

Erik Johnson - DC

Jenna Protzko - VT

Joe Moreland - KS

Juan Esparza - FL

Karen Jacobson - NEMSIS

Kayode Olupinyo - TX

Kevin Putman - MI

Lindsey Narloch - ND

Melissa Belgau - WA

Michael Tayler - NY

Paul Sharpe - VA

Rachael Alter - NASEMSO

Ryan Tyler - AR

Shari Graham - MT

Stuart Castle - NM

**Secretary's Report**

Ryan Tyler presented the March 5, 2014 meeting minutes.

**Action: Chip Cooper moved, seconded by Chuck Happel to approve the minutes. The vote was unanimous and the minutes were approved.**

**Chair Report**

Paul Sharp brought attention to the council concerning four areas of significant news and potential involvement with the Data Managers Council.

1. A seminar on the Recognition for EMS Personnel Licensure CompAct (REPLICA) will be held on June 10, 2014 in Chicago, Illinois. The seminar is open to State Directors (or Designees) and EMS Office Legal Counsel, and will focus on giving a review of the Compact basics and how to enact legislation within each state.
2. NASEMSO has two cooperative agreement proposals submitted to NHTSA: (1) two EMS Fellows will be placed in two regional offices (1 & 10) to work on relationships within EMS Offices & Offices of Highway Safety; (2) the development of EMS Performance Measures.
3. EMS Clinical Guidelines is still open for public comment until April 30, 2014. Paul will attend the next meeting in early May, representing the DMC membership. Please look at these now to help coordinate the v3 protocols.
4. Jim DiTienne is asking for a member of the DMC to work with the Trauma Managers Council on becoming a repository for Trauma System Information exchange. There are many different resources available from the Trauma Information Exchange, ACS, and American Trauma Society to name a few. The goal is to make NASEMSO the repository for information related to Trauma Systems. A member will be working with the Trauma Managers council to help meet their needs surrounding technology, potential of GIS mapping of all Trauma Centers in the United States and other projects that will make them successful. Let Paul know if you are interested in working with the Trauma Managers.

### Chair-elect Report

Lindsey Narloch has no comment at this time.

### NASEMSO Report

Rachael Alter has no comment at this time.

## DISCUSSION ITEMS

### NEW BUSINESS

- **ePCR; what elements are needed?** – Lindsey discussed with the group about what educational components could be provided to the EMS agencies during the migration to NEMSIS version 3 dataset. The dataset can be expanded to collect values that are EMS System and agency specific. Question that could be asked by EMS Agencies, which elements should they be collecting. This is a difficult question to answer; since performance measures vary from agency to agency. The goal is to provide an informational worksheet on the NEMSIS version 3 elements required at the state level.

- **Implications of ICD10 moving to October 2015 upon implementing v3** – The NEMSIS Version 3 standard does rely on national standards (such as ICD-10) to provide coded values for some elements. Nevertheless, NEMSIS compliant EMS Patient Care Report (PCR) information is primarily utilized within the EMS industry, thus allowing us to move forward with version 3 implementation, as an industry. It is true that EMS PCR information is also utilized for EMS billing and is vital to patient care for patients transported to hospitals. Billing companies should be moving towards adoption of ICD-10 this year and can utilize available mappings to convert billing codes between the ICD-10 and -9 standards. In addition, hospital electronic medical records should also be migrating to ICD-10 and will probably utilize similar mapping programs during the conversion and apply them to preserve the value of legacy data.
- **Historical GNIS Feature** – Kevin Putman started the dialogue about concern is that a particular geographic location (e.g., a specific city) could have a GNIS Civil code assignment and a GNIS Populated Place code assignment. Which to use? A community with a GNIS Feature Class “Civil” code represents a political division formed for administrative purposes with legally defined boundaries (borough, county, incorporated place, parish, town and/or township). A location assigned a GNIS Feature Class “Populated Place” code represents a named community with a permanent human population, usually not incorporated and with no legal boundaries, ranging from rural clustered buildings to large cities and every size in between (e.g., metropolitan areas, housing subdivisions, modular home communities, and named neighborhoods). A percentage of communities classified with a “Populated Place” code will have a corresponding “civil” code classification and vice versa. These overlapping codes have no association with Census codes or Zip Codes. The NEMSIS TAC recommendation is that a “civil” code be used when possible. If a civil code does not exist for the specific location, a “Populated Place” code should be used. Also would interest the group to update the white papers surrounding GNIS codes.

## OLD BUSINESS

- **Annual Meeting Planning Committee** – Has not started working on the agenda.
- **Data Definitions Workgroup** – Chris Handley is the chairman of the group. He will be sending out a notice to those interested in the workgroup. The group will review the previous document by looking at the substance and form of the document to proceed with the group. Group will look to see if a definition already exist for each definition and will prioritize each element based on group consensus.
- **Mentoring Workgroup** – Chip Cooper, the group did not meet last month due to the heroin and Narcan pandemic across country. Has done a lot of background work in outlining how the profile will look. This website will have three prongs of attack. First would be is a blog. This blog would act as a reference point when asking question. Answers to the question will be in the thread and will provide a reference when a similar

situation occurs in another state. Each data manager will have a profile that will be expandable to show current environmental scan results and contact information. Chip has been looking at [WordPress.org](http://WordPress.org) to create the website. Another feature of WordPress.org is the widgets and plug in availability to enhance the website. The challenge is to steer new data managers to the website and managing the website when data managers come and go with each agency.

- **Data Quality Workgroup** – Next step is to making some rules related to the state suggest list or assertions. Going through the listed provided by Florida and putting it into format to see what has been discussed as national elements but in reality they were state elements. The group will be getting back together in an undetermined time frame to work on the elements. Karen Jacobson brought up which group was assigned to the review the NEMSIS version 3.3.4 release in March 2015 which is open for public comment until July 31, 2014. Need to take a look at Version 3 to see if changes need to be made to the data dictionary. Paul will work with Karen in getting a list together to send around the group from comments.

#### NEMSIS TAC TIME

- Due to recent training with NEMSIS data from federal partners, NEMSIS is seeking comment on the creation of generic password for individuals that are not identified as Director, Data Manager, or Medical Director for access to state level data within the NEMSIS version 2 Enhanced Data Cube. Example would be providing an account and password for an Epidemiologist within the organization. He or she will have a password that expires every 90 days and is associated with a valid email address. The concern from the NEMSIS TAC is related to managing accounts with the ebb and flow of the job cycle within an organization. NEMSIS TAC receives state level data request from individuals. Individuals will be directed to the appropriate resource within each state office to provide education.
- NEMSIS has been providing training to the regional NHTSA offices. NHTSA regional offices are interested in the data in their states. NEMSIS TAC is creating NHTSA regions in the Geographic Information of the NEMSIS Enhanced Cube. This will allow for filtering of the NHTSA Region for aggregate data.
- Status of state NEMSIS version 3 transition plans. NEMSIS TAC is requesting the DMC membership to review current transition plans and provide an update to a status change by sending Karen an email or responding to the NEMSIS TAC v3 Transition Survey Response found at the following link: <http://nemsis.org/supportV3/V3.html>.
- City elements and removing any civil descriptions with the wording “Historical”.
- Creation and benefits generation of the Global Unique Identifier (GUID). Question has been raised on numerous levels over the past three years. Were PCR numbers are not always adequate. Options may exist for software automatically numbering of a new element as an identifier that may be separate from the PCR number. It could be software and machine auto-generated when a “record” is opened.

- National Provider Identifier (NPI) for health care providers/facilities which identifies primarily hospitals. NEMESIS TAC has participated in conversation related to NPI could be used across the nation to identify a health care facility. A biggest concern is related to bordering states, which an EMS agency provides patient care. This would allow for a single code to be used between states. Another concern was that each healthcare facility can have up to twenty plus NPI's due the various activities or units within the organization. NEMESIS TAC is creating a White Paper Development in the development of the hospital destination list.
- Seeking involvement in the Medical Device Work Group. If you are interested in participating in this work group, please email Karen.

### **ADJOURNMENT**

There being no further business, the call concluded at 12:22 pm Central Standard Time at the motion of Paul Sharpe and second by Doug Fuller, respectively.

Meeting Record respectfully submitted by Secretary Ryan Tyler