



**NASEMSO Data Managers Council
2010 Mid-Year Meeting Minutes
May 25, 2010**

Chair: Bob Norlen, Minnesota
Chair-Elect: Stephanie Daugherty, Florida
Secretary: Kevin Putman, Michigan

Meeting called to order at: 8:15 AM

In Attendance:

Bob Norlen, Minnesota – Chair; Kevin Putman, Michigan – Secretary; Angela Hicks, North Carolina – East Reg. Rep.; Joe Moreland, Kansas – North Central Reg. Rep.; David Balthis, Maryland; Drew Dawson, NHTSA; Bob Heath, Nevada; Tim Held, Minnesota (Trauma); Karen Jacobson, NEMSIS TAC; Clay Mann, NEMSIS TAC; Kevin McGinnis, NASEMSO; Susan McHenry, NHTSA; Greg Mears, EMS PIC; Lindsey Narloch, North Dakota; Abdullah Rehayem, Massachusetts (Director); Tim Seplaki, New Jersey; Bonnie Sinz, California; Michael Tayler, New York (Trauma); and William Thompson, Maryland

Visitors:

Tim Grapes, Vice President, Evolution Technologies, Inc.

Patient Tracking Project Update (Tim Grapes) – 8:20 AM:

Tim Grapes gave an overview of the patient tracking project which has two phases: tracking of emergency patients and tracking of emergency clients. The EDXL-TEP is a standard to crosstalk between various applications used for patient tracking, rather than try to create a standard for systems already in existence.

The scope of the project is as follows:

- XML Messaging Standard
- Real-time information to responders and care facilities
- Patient information is exchanged from encounter through admin or discharged
- Supports hospital evacuation and day-to-day transfers

The following project materials are available at <http://www.evotecinc.com/TEP/> (case sensitive):

- Requirements and Draft Message Space
- Stakeholders Issues List
- Data Dictionary
- Project Initiation Document
- Subject Matter List



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They also recently completed an exercise: Tennessee National Disaster Management System Patient Reception Exercise. During this event, there were no exceptions found with the patient data. They were able to crosstalk with five vendors. Patient registration was reduced from hours to 30 minutes and it is the first time that the Tennessee Air National Guard ever received an electronic patient manifest.

DMC Survey (McGinnis) – 9:05 AM:

The survey was reworked and redistributed. Through Kevin's persistence, 50 states and territories completed the survey. Kevin went over the results question by question. There was a lot of discussion over NHTSA 408 funding. The group began to develop a list of items to work on based on survey results:

- Staffing and Funding of State EMS Data Functions
 - This also includes a request for full-time data managers to share information on their job functions and responsibilities to assist those states that do not have full-time data managers
- Develop Robust Data Linkage Capabilities
- Develop EMS Data Reporting Relationships with People Agencies
- Question – With new scope of practice and other funding priorities, how do you move data collection up on the priority list?
- Question – What does a state do to collect data across multiple vendors, including state specific elements?
- Further Development of Performance Measures

NEMSIS Update (Mears) – 10:40 AM:

Greg gave an update on HL7 process.

- The dataset passed the Domain Analysis Model (DAM). This was the first time that anyone could recall a new dataset passing on its first attempt. In addition it passed unanimously and without any negative comments. This was unexpected, so changes will need to be balloted due to the recommendations from the public comments received on NEMSIS Version 3. Changes to the DAM will be balloted in the Fall, and they can only vote of the changes, not on what was already approved.
- The Domain Messaging Information Model (DMIM) will also be submitted for balloting in the Fall. This is expected to pass as history has shown that this process is easier than the DAM process



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- The last piece, the Refined Messaging Information Model (RMIM) is scheduled to be submitted in Spring, 2011. This is the big one and is expected to take more than one submission to obtain approval.

Greg then gave an overview of the NEMSIS Version 3 public comments and provided a list of 12 items that were found to have significant implications to the EMS community with no clear correct/majority option for resolution. These were brought to the NEMSIS Advisory Board. Greg shared the results of the meeting which were not included in the document.

1. Numbering between Version 2 and Version 3 – This has to change. The proposed change has been blessed by HL7. The new format will be XDescription.#, where X will be either D (Demographic) or E (EMS), Description is one word describing the section, and # is a sequential counter. For example Version 2 element E01_01 will become EAgency.01.
2. Distinguishing the 2009 EMS Levels of Care (D01_07) – This will remain as proposed.
3. EMS Protocols (D04_08) – This will be done through state specific information rather than try and maintain a national list.
4. Interfacility Transports (E02_04) can be scheduled and unscheduled – This will be split into two separate elements.
5. Response Mode (E02_20) was modified in an attempt to separate the use of lights and siren with speed – This will return to how it is currently captured in Version 2.
6. EMS Agency Name (E02_N01) use at the state or national level – There needs to be away to identify a single agency that may have multiple licenses. States will create a unique identifier (which may be the agency name) to identify each agency.
7. Primary Method of Payment (E07_01) – Needs to be made clearer who is collecting, when, and why in the definition.
8. Reason for Encounter Data Elements (E09 Section: Symptoms, Anatomic Location, Organ System) – These cannot be clearly captured through other elements and are deemed important for our future in healthcare.
9. EMS ID for each vital and assessment (E14 and E16) – The recommendation from NEMSIS is to either not collect this or make it optional
10. Number of Procedure Attempts (E19_05) vs. documenting each attempt as a procedure – This will be left as proposed, allowing multiple attempts but only one description of items such as location of IV, not allowing for documentation of unsuccessful site if multiple attempts are documents as one procedure.



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11. Additional ED and Hospital Outcome Information (E22). Should information be collected on ED Diagnosis, Hospital Diagnosis, Length of Stay, etc. – This information should be captured if possible either through entry or linkage and additional elements will be added to capture this additional information.
 12. State and National Data Elements – There will be an additional 30-day comment period after the final data dictionary is released specifically for comments regarding whether or not elements should be National/State.

Additional Version 3 Discussion:

- Business Rules
 - Schematron up as a web demo
 - 500+ elements with 4-5 business rules per element
- Version 3 elements will be locked down – States will have a state specific dataset that will allow states to collect additional values or state specific elements rather than make changes to the NEMESIS elements
- XSD will be out for public comment near the end of July
- Web Services will be out for public comment near the end of July
- NEMESIS anticipates that it will take at least a year for vendors to implement changes
- Parallel tracks of data – There will be no way to merge Version 2 and Version 3 data in the same transactional database. NEMESIS states that states may have to maintain separate Version 2 and Version 3 Transactional Databases and a common data warehouse where the two can be melded into a static database. They anticipate that states may have to adopt this model of three separate databases for the next 10+ years.
- The goal with Version 3 and Web Services is to get the information to the State level in real-time (within 24 hours).

NEMESIS Data Quality (Jacobson/Mann) – 1:15 PM:

Karen and Clay gave a presentation (that will be posted on NEMESIS.org) about data quality issues. This was also intermingled with actual demonstrations and review of the NEMESIS Data Exchange (NDX) and review of the reports.

One item that Clay Mann asked the DMC to deliver is a set of targeted memorandums from the DMC to the various vendors detailing data quality issues specific to the vendor and seek resolution. It is his hope and that of the DMC members that were present that providing a



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unified voice may result in resolution to some of the problems that NEMSIS and individual states have not been able to get resolved up to this point.

Roles and Responsibilities of DMC Regional Representatives (Hicks) – 3:30 PM:

Angela and Stephanie Daugherty worked on creating a document to describe what is expected of the regional reps. Angela briefly went over the document and comments were made. This will be presented to the group at the June conference call.

NEMSIS Continues (Jacobson) – 3:40 PM:

Karen continued her presentation, including review of the reports that are available on the NEMSIS site and an overview of State Specific reports that will be available soon.

DMC Officer Elections (Norlan) – 4:50 PM:

Bob reminded the group that elections would be held at the Annual Meeting in Virginia for the Chair-Elect, Secretary, and the Regional Reps. Stephanie as Chair-Elect will automatically move into the position of Chair. The terms will be two-years in length and nominations will be accepted up until the election is commenced.

The following nominations were made at the Mid-Year Meeting:

Joe Moreland, Kansas – Chair-Elect	Doug Fuller, Nebraska – North Central Rep.
Kevin Putman, Michigan – Chair-Elect	Angela Hicks, North Carolina – East Rep.
Lindsey Norlach, North Dakota – Secretary	John Cramer, Idaho – West Rep.

Angela Hicks was also nominated for Secretary, but she declined. Also at least one nomination is still needed for South Central. Again nominations for all positions will remain open until the election is held.

Adjourned at: 5:00 PM

Minutes submitted for approval by: Secretary on June 8, 2010.