

Department of Health

Florida Emergency Medical Services Advisory Council

Data Committee

John Simpson, Chair

September 28, 2021



Agenda

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- Welcome/ Opening Remarks
- Review/Approval of Prior Meeting Record
- Review of State Plan Measures / Action Planning
- Update on EMSTARS Repository / V3 Transition
- Review/Approval of V3.5 Florida Data Dictionary - **Vote**
- Discussion V3.5 Implementation
- Review of Biospatial Revised DUAA





Meeting Logistics

**Roll Call
&
Approval of
Minutes**



Committee Membership

State Plan Updates as of 8/4/21

Strategy	Objective (Measured Quarterly)
2.1 Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives	<p>A. Identify all categories of EMS services that are provided by EMS agencies (not collected via EMSTARS) and develop recommendations for the statewide collection and reporting of aggregate data by December 2025</p> <p>B. Increase % of all licensed agencies reporting to EMSTARS to 100% by December 2025.</p>
	<p>C. Develop an implementation plan to increase the number of automated data linkages between EMSTARS and other related databases by December 2025</p> <p>C.1 Research and make a recommendation for the most up-to-date and accurate method of performing EMS to other EHR data linkage (deterministic vs probabilistic linkage; use of multiple imputation, etc.)</p>
	<p>D. Of those EMS Runs submitted to EMSTARS; Increase % of NEMESIS V3.4 or higher to 95% by December 2025.</p>
	<p>E. Increase % of V3 EMS run reports received within 10 hours of the run to 85% by December , 2025.</p>

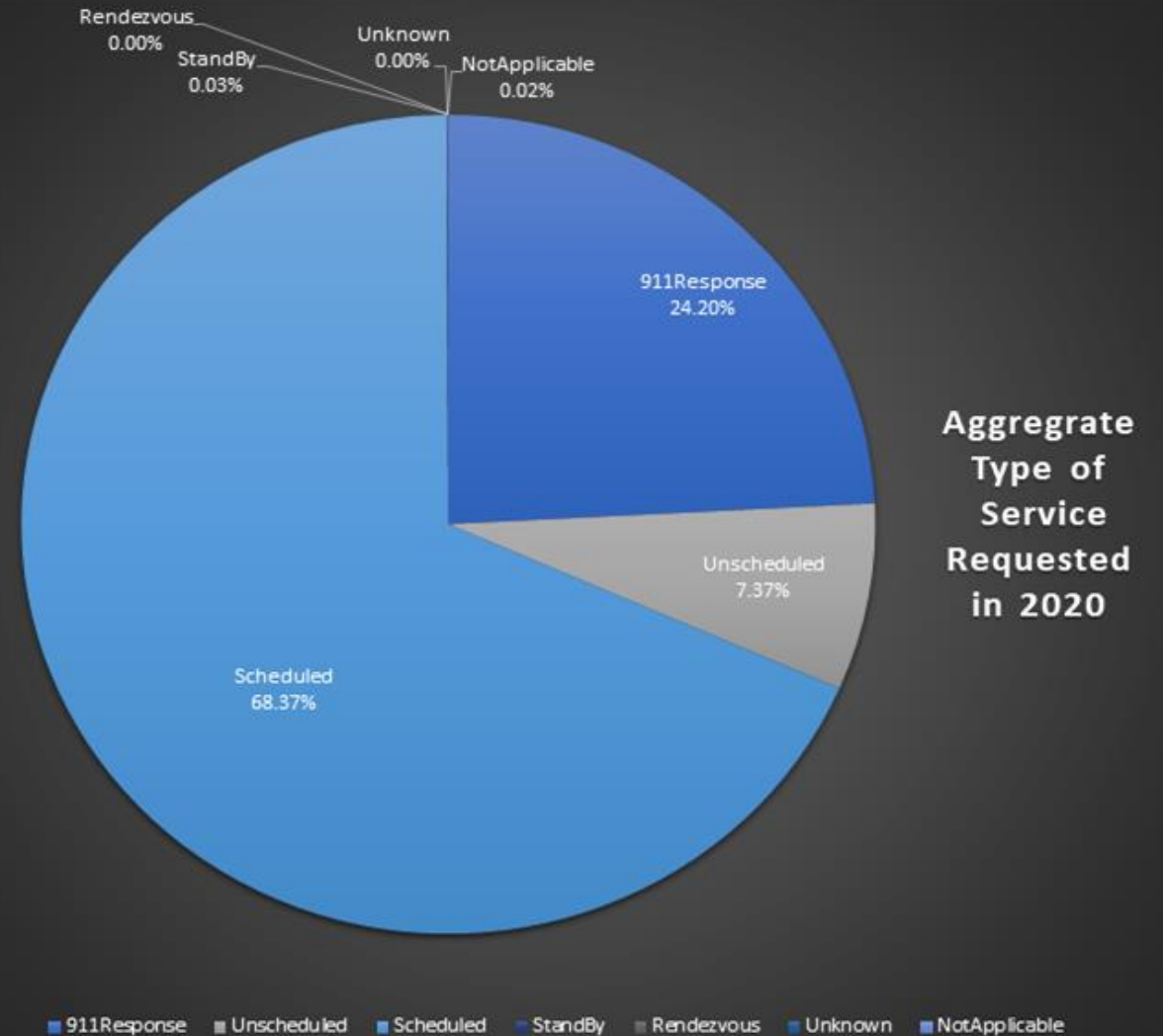


State Plan Objective

- A. Identify all categories of EMS services that are provided by EMS agencies (not collected via EMSTARS) and develop recommendations for the statewide collection and reporting of aggregate data by December 2025

Aggregate 2020

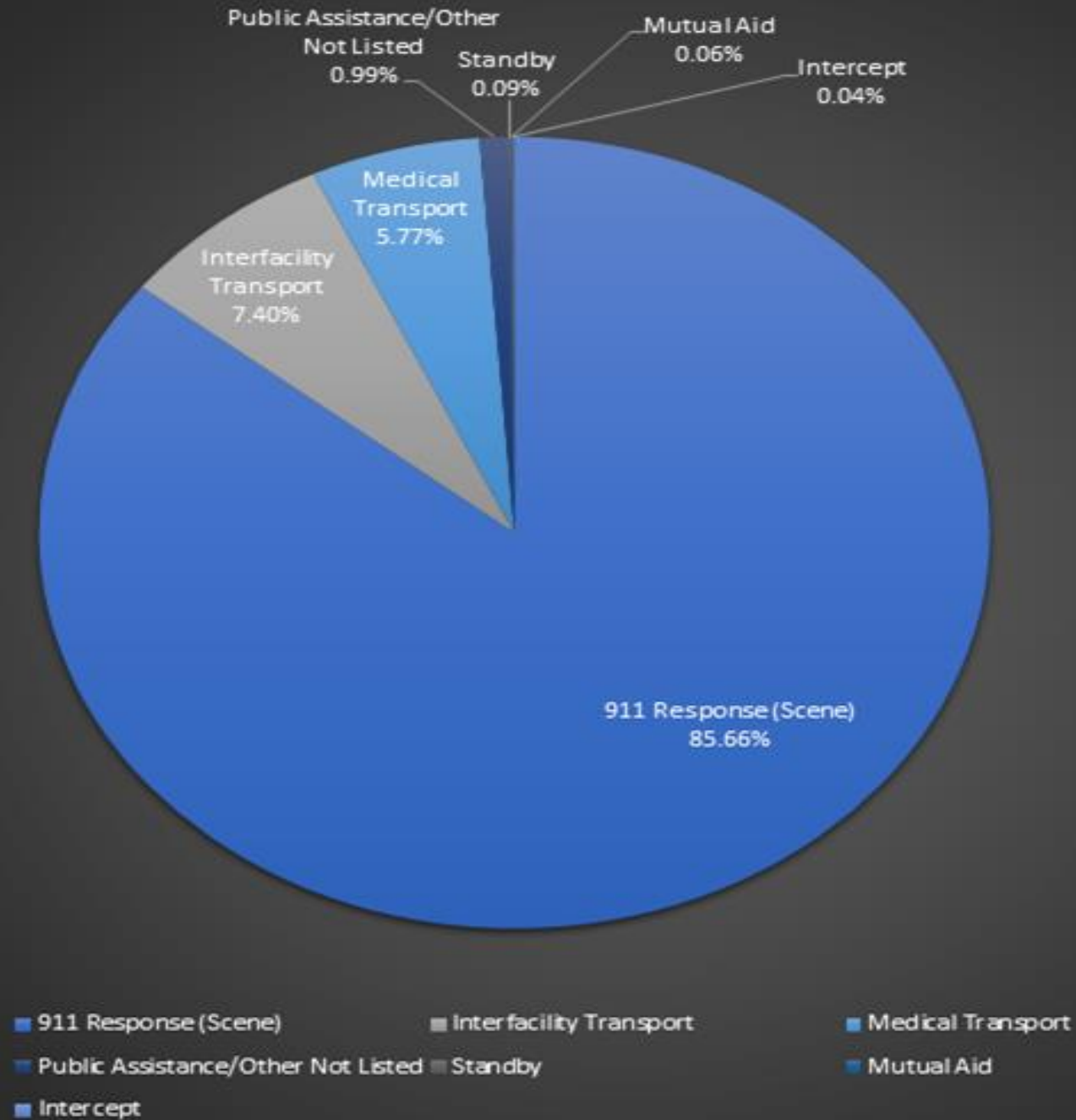
Scheduled - 68.37 %
911 - 24%
7.37 % - Unscheduled
.026% - Other



EMSTARS 2020

86% - 911

14% - Other types



EMSTARS
Type of
Service
Requested
in 2020

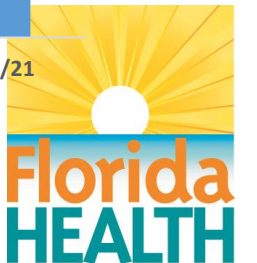
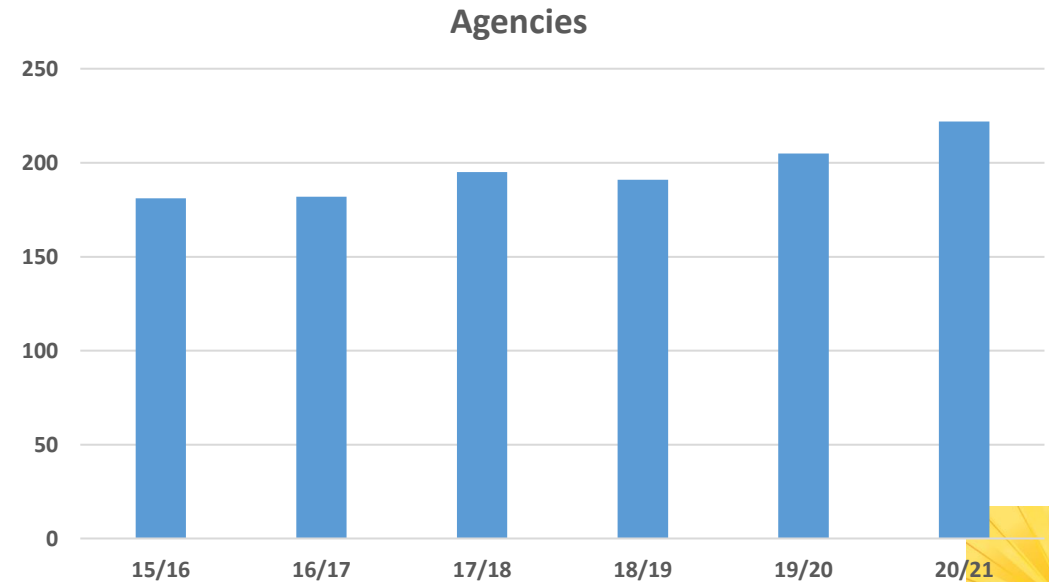
State Plan Objective

B. Increase % of all licensed agencies reporting to EMSTARS to 100% by December 2025.

74%

**301 total agencies
223 in EMSTARS
78 in Aggregate**

Note: Data Committee action item – target select aggregate agencies to move to EMSTARS to reach target of 100%



State Plan Objective

C. Develop an implementation plan to increase the number of automated data linkages between EMSTARS and other related databases by December 2025

C.1 Research and make a recommendation for the most up-to-date and accurate method of performing EMS to other EHR data linkage (deterministic vs probabilistic linkage; use of multiple imputation, etc.)

Current,

- Crash
- HIE

Action Items:

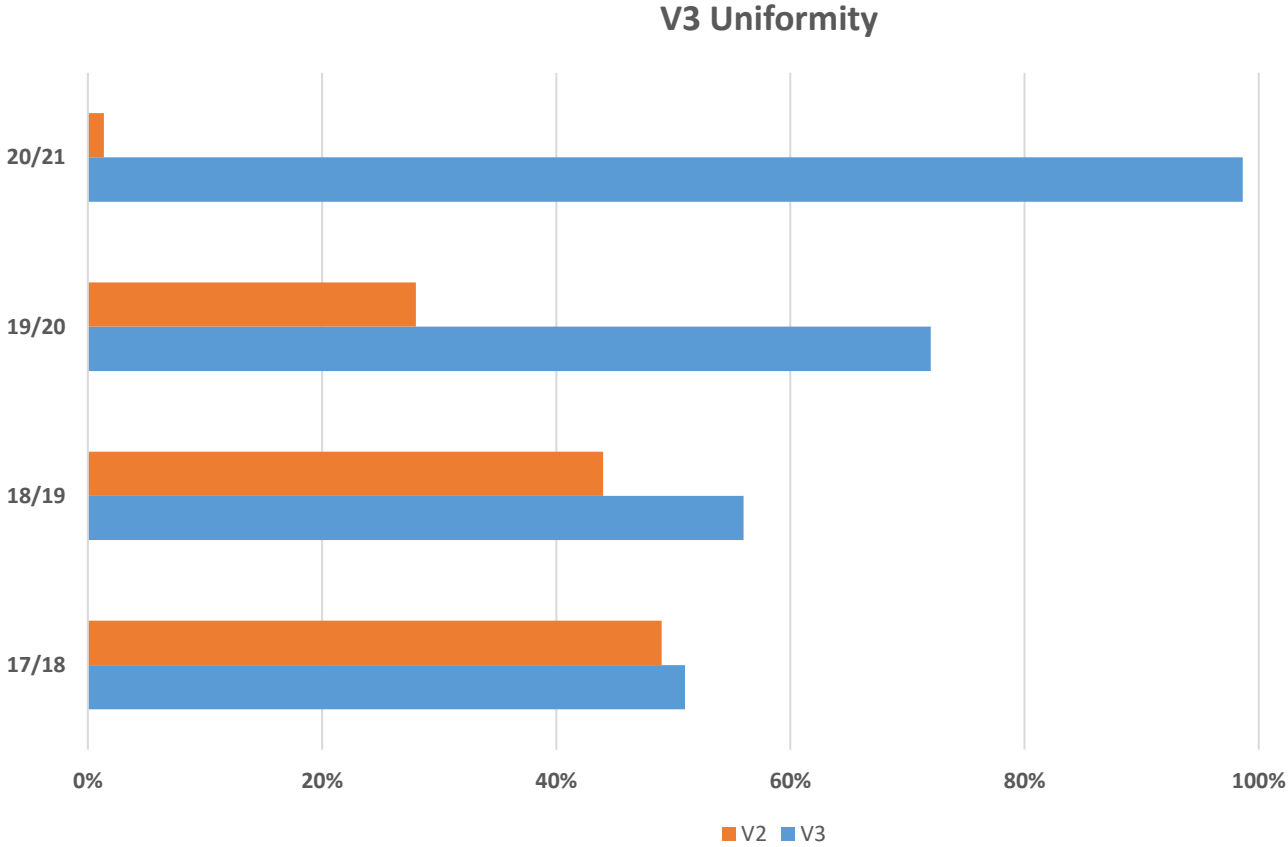
Conduct Linkage Needs Assessment
Develop Linkage Methodology
Develop implementation plans

State Plan Objective

C. Of those EMS Runs submitted to EMSTARs; Increase % of NEMESIS V3.4 or higher to 95% by December 2025.

98.65%

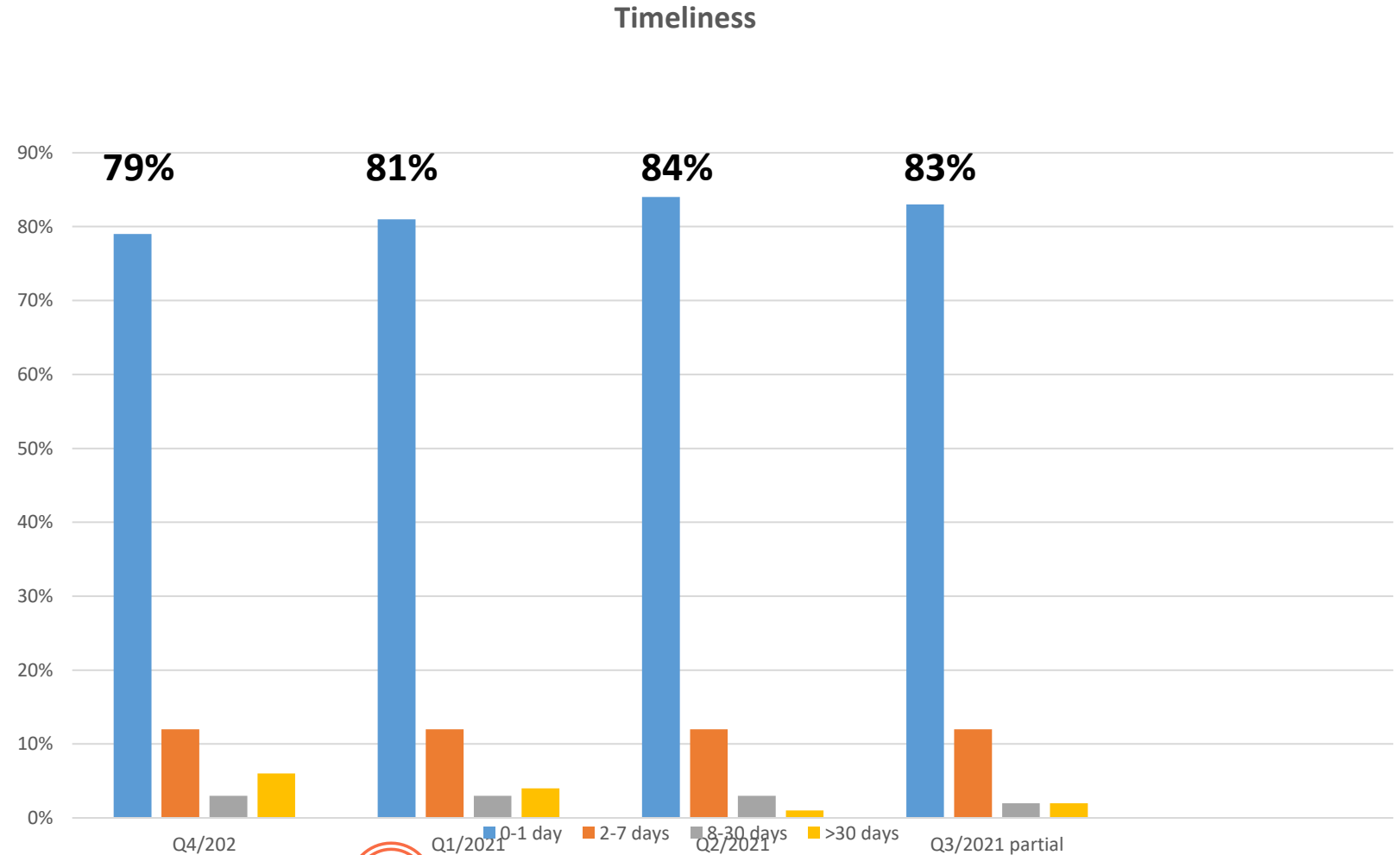
V3 = 223 - 98.65% of all EMSTARs
V3.4 = 220 - 99.09% of all v3 agencies
V1.4 = 3 - (no longer accept)



State Plan Objective

E. Increase % of V3 EMS run reports received within 10 hours of the run to 85% by December, 2025.

84% Q2 2021
Q3 2021 partial



EMSTARS Repository Transition

- **ODMAP feed – TBD**
- **AHCA/HIE – Data Exchange Update**
 - **Biospatial/HIE Two way exchange temporarily halted**
 - Aug 17 – current
 - Implementing improvements to linkages
 - **Biospatial working to implement additional repository functionality**



NEMESIS Timeline

V3.3.4 ended **Aug. 31, 2021** (*all agencies moved*)

V3.4 extended to **Jan 2023** (*possible extension*)

V3.5 - TBD for Florida

Review of Florida V3.5 Data Dictionary

Overall Goal - Florida V3.5 DD by July 2021

Add New Element	26
Demote National	11
Promote National Element	8
National Custom & FI V3.4 Custom	14 FI

Florida Usage

NEMESIS Usage - Indication of when the data element is expected to be collected.

- **M – Mandatory, Must be completed and does not allow for NOT values**
- **R – Required, Must be completed and allows NOT values**
- **E – Recommended, Does not need to be completed and allows NOT values**
- **O – Optional, Does not need to be completed and does not allow for NOT values**

Florida Usage - Indication of when the data element is expected to be collected.

- **M – Mandatory, This field must be completed each time there is an EMS Event.**
- **C – Conditional, The requirement of this field will vary based on circumstances for that event and the dependency on other elements (business rules)**
- **O – Optional, this field is optional and does not have business rules associated with it.**

New V3.5 National Elements

**26 New Elements
to be included in
Florida's Data
Dictionary**

- eSituation.20 - Reason for Interfacility Transfer/Medical Transport - **Conditional**
- eArrest.20 - Who First Initiated CPR - **Conditional**
- eArrest.21 - Who First Applied the AED - **Conditional**
- eArrest.22 - Who First Defibrillated the Patient - **Conditional**
- eDisposition.27 - Unit Disposition - **Mandatory**
- eDisposition.28 - Patient Evaluation/Care - **Conditional**
- eDisposition.29 - Crew Disposition - **Conditional**
- eDisposition.30 - Transport Disposition - **Conditional**
- eDisposition.31 - Reason for Refusal/Release - **Optional**
- eDisposition.32 - Level of Care Provided per Protocol - **Conditional**
- eOutcome.19 - Date/Time Emergency Department Procedure Performed - **Optional**
- eOutcome.20 - Date/Time Hospital Procedure Performed - **Optional**
- eOutcome.18 - Date/time of Emergency Department Admission - **Optional**

New V3.5 Non-National Elements

*New Elements
to be included in
Florida's Data
Dictionary*

eTimes.17 - Unit Arrived at Staging Area Date/Time - **Optional**

ePatient.22 - Alternate Home Residence - **Optional**

ePayment.59 - Insurance Company Phone Number - **Optional**

ePayment.60 - Date of Birth of the Insured - **Optional**

eScene.24 - First Other EMS or Public Safety Agency at Scene to Provide Patient Care - **Optional**

eSituation.19 - Justification for Transfer or Encounter - **Optional**

eArrest.10 - Therapeutic Hypothermia by EMS - **Conditional**

eHistory.20 - Current Medication Frequency - **Optional**

eExam.22 - Lung Assessment Finding Location - **Optional**

eExam.23 - Lung Assessment - **Optional**

eExam.24 - Chest Assessment Finding Location - **Optional**

eExam.25 - Chest Assessment - **Optional**

eOther.22 - File Attachment Name - **Optional**

Demote from a National Element

Demote 11 elements as National but retain as Florida element with the same "usage" as in FI V3.4

dAgency.15	Statistical Calendar Year	Mandatory
dAgency.16	Total Primary Service Area Size	Mandatory
dAgency.17	Total Service Area POptionalulation	Mandatory
dAgency.18	911 EMS Call Center Volume per Year	Mandatory
dAgency.19	EMS Dispatch Volume per Year	Mandatory
dAgency.20	EMS Patient Transport Volume per Year	Mandatory
dAgency.21	EMS Patient Contact Volume per Year	Mandatory
dConfiguration.11	EMS Agency Specialty Service Capability	Mandatory
eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	Optional
eProtocols.02	Protocol Age Category	Optional
eVitals.08	Method of Blood Pressure Measurement	Conditional

Promote to National

Promote elements to National designation and retain the same "usage" as in Fl V3.4

eMedications.04	Medication Administered Route	Conditional
	Emergency Department	
eOutcome.09	Procedures	Optional
eOutcome.10	Emergency Department Diagnosis	Optional
eOutcome.11	Date/Time of Hospital Admission	Optional
eOutcome.12	Hospital Procedures	Optional
eOutcome.13	Hospital Diagnosis	Optional
eOutcome.16	Date/Time of Hospital Discharge	Optional
eSituation.18	Date/Time Last Known Well	Conditional

Remove from FI Data Dictionary

Remove elements from FI V3.4 as recommended

dConfiguration.02	State Certification/Licensure Levels
dConfiguration.03	Procedures Permitted by the State
dConfiguration.04	Medications Permitted by the State
dConfiguration.05	Protocols Permitted by the State
eArrest.05	CPR Care Provided Prior to EMS Arrival
eArrest.06	Who Provided CPR Prior to EMS Arrival
eArrest.08	Who Used AED Prior to EMS Arrival
eDisposition.12	Incident Patient Disposition
eResponse.15	Level of Care of This Unit

Florida V3.5 Data Dictionary

Florida V3.5 Data Dictionary ready for draft publication and approval

- **Outstanding Issue - Business Rules**
- Delayed inclusion of Florida business rules (Schematron) and rely on National Business Rules until Florida has opportunity to Review/develop BR based on Florida's quality measures
 - Currently hundreds of business rules to implement via Schematron – *functionality will be new to the repository*
 - Testing and Implementation of the existing Business Rules would be lengthy effort
 - Current Business Rules don't necessarily address the elements for ensuring quality data for quality performance measures
 - NEMSIS has a set of business rules (Schematron) that are required and account for the majority of our business rules.

NEMESIS

Defined/Suggested Lists

- **2016: NEMESIS TAC developed “suggested lists” of codes for elements utilizing standards developed by national organizations.**
- **Lists were organized in a hierarchical fashion, in two-steps (parent and child codes), promoting software developers to utilize code “drill-downs” for ease of use.**
- **Use of suggested lists was not mandatory and uptake was sporadic.**
- **2019: NEMESIS TAC evaluated the codes included in the suggested lists, by comparing them to codes actually submitted in 2018 through mid-2019 (36 million records)**
- **Refined the suggested list of values to those most commonly often used.**
- **Defined lists must be presented to the clinician at the time of patient care documentation.**
- **Improve the accuracy of documentation by eliminating obscure, redundant and frivolous values.**

Examples

Procedures

eProcedures.03 - Procedure

sConfiguration.03 - Procedures Permitted by the State
dConfiguration.07 - EMS Agency Procedures

Medications

eMedications.03 - Medications Administered

sConfiguration.04 - Medications Permitted by the State

dConfiguration.09 - EMS Agency Medications

Symptoms

eSituation.09 - Primary Symptom

eSituation.10 - Other Associated Symptoms

Impressions

eSituation.11 - Provider's Primary Impression

eSituation.12 - Provider's Secondary Impressions

Causes of Injury (eInjury.01)

Incident Location Types (eScene.09)

V3.5 Implementation Planning

- V3.5 Implementation Timeline for Florida
 - Vendor State of Readiness – vendor calls
 - Agency State of Readiness
 - NEMESIS Planning Documents provided:
 - NEMESIS Implementation Planning Resource Documents
 - Spreadsheet of representative planning tasks

Vendor V3.5 Status

Software Vendor	v3.5.0 Planned Product Availability
American Ambulance	Q3 - Q4 of 2022
AngelTrack LLC	Q3 - Q4 of 2021
Beyond Lucid Technologies	Q3 - Q4 of 2021
biospatial	Q3 - Q4 of 2021
Digitech	Q3-Q4 of 2021
Emergency Reporting	TBD
Epr Systems USA	Q3 - Q4 of 2021
ESO EHR	Q3 - Q4 of 2021
First Due	Q3 - Q4 of 2021
ImageTrend	Q3 - Q4 of 2021
MacroLogic/CodeRed	Q3 - Q4 of 2021
ProPhoenix	TBD
RAM Software Systems, Inc.	Q1 - Q2 of 2022
Stryker	Q3 - Q4 of 2021
Unified Solutions	Q3 - Q4 of 2021
ZOLL	Q3 - Q4 of 2021
ZOLL (emsCharts software)	Q1 - Q2 of 2022

NEMESIS V3.5 Resource Document



NEMESIS 2021 v3.5 Implementation Resource Document

Benefits of Transitioning to v3.5. (N. Clay Mann), clay.mann@hsc.utah.edu

Defined Lists: Defined List spreadsheets and White Papers are available on this page.

Vendor Compliance: Vendor compliance information, choose v3.5

Crosswalk of Elements from v3.4 to v3.5 (Monet Iheanacho), Monet_iheanacho@hsc.utah.edu

V3 Data Dictionaries & XSD - NEMESIS: v3.5 data dictionary to become familiar with the elements and values.

v3.5.0 Extended Data Definitions: Use this resource to better understand extended data definitions.

Benefits of Changes to Incident/Patient Disposition (Ben Fisher) Benjamin.fisher@hsc.utah.edu

V3 Data Dictionaries & XSD - NEMESIS: v3.4 and v3.5 data dictionaries for comparison of elements and values

v3.5.0 Extended Data Definitions: these extended definitions explain when to select values for certain elements where there may be ambiguity or values have specific meanings

Splitting of eDisposition.12 - NEMESIS: a short overview of why eDisposition.12 is being split from the original workgroup discussions

V3 Mapping/Translation - NEMESIS: tools to map v3.4 to v3.5 elements and vice-versa. Important to understand how eDisposition.12 could link to the new elements for analysis.

Benefits of Modifying eOutcomes (Atim Effiong), atim.effiong@hsc.utah.edu

Data Dictionary: NEMESIS Data Dictionary

Utilization of the NEMESIS Defined Lists (Julianne Ehlers), julianne.ehlers@hsc.utah.edu

Informational

Defined Lists: Defined List spreadsheets and White Papers are available on this page.

Suggested to Defined Lists General Overview: This PowerPoint presentation is a general overview of the transition from suggested to Defined Lists for v3.5. Stakeholders are welcome to use slides out of this presentation for their local training if needed.

Suggested to Defined Lists Info-Sheet: This 3-page information sheet addresses many frequently asked questions about the purpose and impact of Defined Lists. This would be appropriate for agencies or field clinicians.

Process Related

Outline of the Process Moving NEMESIS Suggested Lists to Defined Lists: This is a PDF of the updated PowerPoint presentation detailing the finalized approach to Defined Lists.

Use of Defined Lists for Specific NEMESIS Elements: This 2-page fact sheet is more technical and identifies the history, related issues and potential solutions for Suggested Lists.

Technical

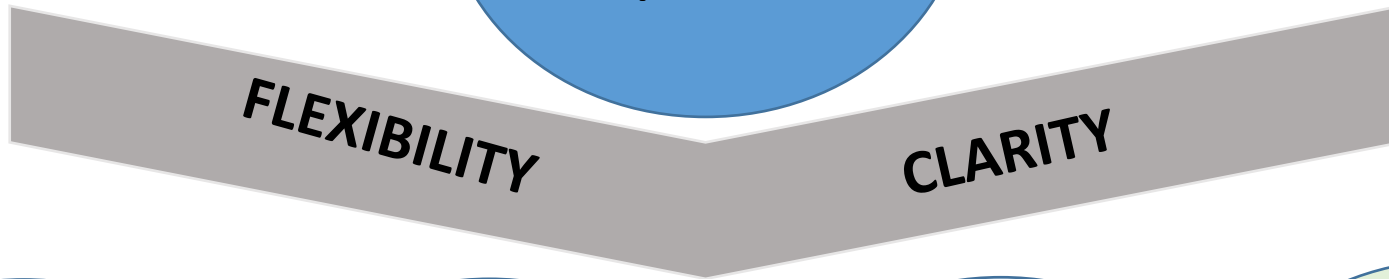
External Standards Maintenance White Paper: This documents the technical aspects of code "roll-ups" and software vendor implementation.

Planning Tasks - Determining a V3.5 Transition Date

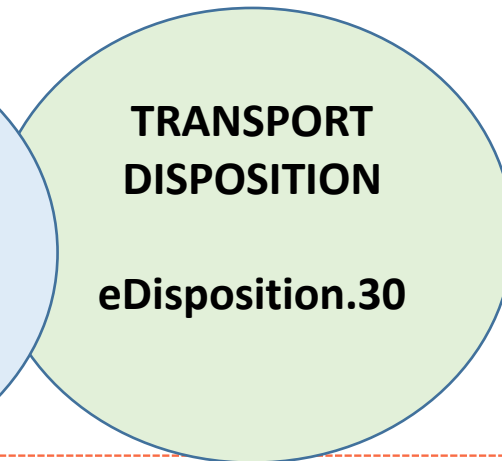
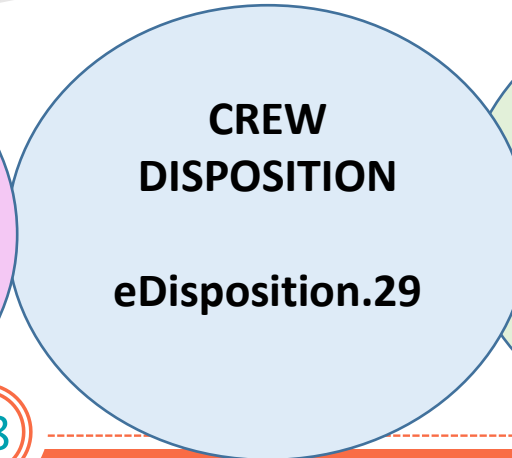
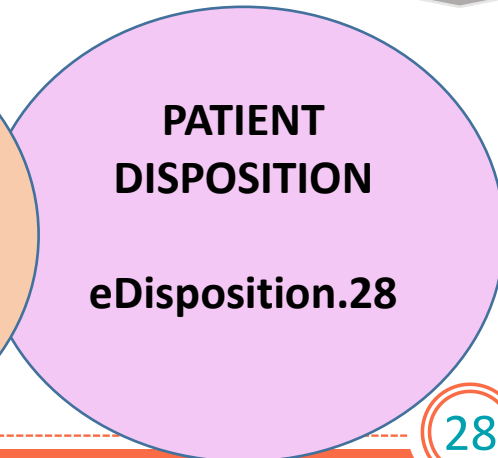
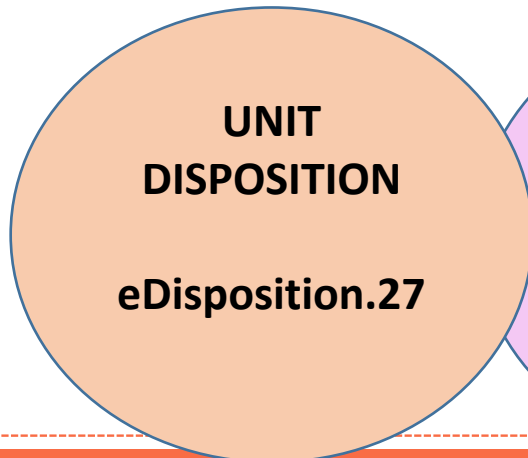
Timeline	Establish time needed for preparation
	<ul style="list-style-type: none">• Determine when you software vendor will have the software ready and approved by NEMESIS for use
	<ul style="list-style-type: none">• Determine training needs for services to make the transition
	<ul style="list-style-type: none">• Determine amount of time to prepare the training material
	<ul style="list-style-type: none">• Determine amount of training time needed for services to use updated software
	<ul style="list-style-type: none">• Identify amount of time to pilot new software and make fixes
	<ul style="list-style-type: none">• Determine amount of lead time 3rd party vendors will be allowed to transition<ul style="list-style-type: none">-This may be influenced by when the 3rd party software will be NEMESIS approved
	<ul style="list-style-type: none">• Determine amount of time needed to approve 3rd party software at the state level for use (if applicable)
	<ul style="list-style-type: none">• Establish final timeline based on all the above determinations then add at least 30-60 days to find your transition date

EXAMPLE TRAINING ISSUE: The NEMESIS v3.5.0 Data Standard has adjusted eDisposition.12 from one element with 22 codes to four elements with 5-7 codes each. This broadens the flexibility of documentation to more accurately describe the EMS activation.

V3.4



V3.5



UNIT DISPOSITION eDisposition.27	PATIENT DISPOSITION eDisposition.28	CREW DISPOSITION eDisposition.29	TRANSPORT DISPOSITION eDisposition.30
Patient Contact Made	Patient Evaluated and Care Provided	Initiated and Continued Primary Care	Transport by This EMS Unit (This Crew Only)
Cancelled on Scene	Patient Evaluated and Refused Care	Initiated Primary Care and Transferred to Another EMS Crew	Transport by This EMS Unit, with a Member of Another Crew
Cancelled Prior to Arrival at Scene	Patient Evaluated, No Care Required	Provided Care Supporting Primary EMS Crew	Transport by Another EMS Unit
No Patient Contact	Patient Refused Evaluation/Care	Assumed Primary Care from Another EMS Crew	Transport by Another EMS Unit, with a Member of This Crew
No Patient Found	Patient Support Services Provided	Incident Support Services Provided (Including Standby)	Patient Refused Transport
Non-Patient Incident		Back in Service, No Care/Support Services Required	Non-Patient Transport (Not Otherwise Listed)
		Back in Service, Care/Support Services Refused	No Transport

No Direct Mapping to V3.4 Disposition Scenarios

Patient Dead at Scene-No Resuscitation Attempted (With Transport)

Patient Dead at Scene-No Resuscitation Attempted (Without Transport)

Patient Dead at Scene-Resuscitation Attempted (With Transport)

Patient Dead at Scene-Resuscitation Attempted (Without Transport)

Patient Treated, Transported by Private Vehicle

Standby-No Services or Support Provided

Standby-Public Safety, Fire, or EMS Operational Support Provided

Transport Non-Patient, Organs, etc.

Next Steps

1. **Vote to approve Draft Florida V3.5 Data Dictionary**
 - Review/approval of Draft by Data committee
 - **Final DC Vote on FL V3.5 – Sept**
2. **Submit V3.5 DD for EMSAC approval - tbd**
3. **Agency Implementation Planning – Sept thru Dec 2021**
 - Schedule Vendor Calls
4. **V3.5 Implementation Ready – TBD til January 2023**

Biospatial Addendum

Other Discussion