

Department of Health

Florida Emergency Medical Services Advisory Council

Data Committee

John Simpson, Chair

November 17, 2020



Agenda

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- Welcome/ Opening Remarks
 - Review/Approval of Prior Meeting Record
 - Review of State Plan Measures
 - Update on EMSTARS Repository Transition
 - Update on Previous Action Items
 - Update on V3 Transition





**Roll Call
&
Approval of
June Minutes**



State Plan Updates

Strategic Priority 2: Clinical and Operational Performance				
Goal 2.0: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes				
Strategy	Objective (Measured Quarterly)			2020-Q3
2.1 Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives	A. Increase the number of emergency runs submitted to EMSTARS by 10% from 75% to 85% by June 2019			97% ★

State Plan Change

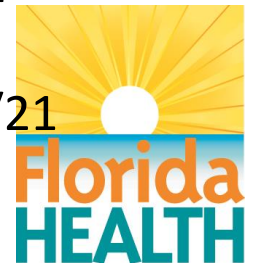
Increase the number of emergency runs submitted to EMSTARS from 90% to 95% by June 2019



EMSTARS Repository Transition

WHY?

- **EMSTARS Repository supported by Juarre Systems/R1 for multiple years**
- **DOH received notification of termination of Juarre agreement 8/20**
 - ❖ R1 portion of Juarre being sold and merged with another company
 - ❖ EMSTARS team negotiated extension with Juarre to Oct 30, 2020
- **State and R1 unable to enter in an agreement prior to the cutoff**
- **EMSTARS Team moved to Biospatial as alternative for repository.**
 - ❖ Team working with Biospatial to define requirements for full functionality for repository services – WIP
 - ❖ Full functionality of repository available in four phases, beginning 11/20 – 8/21

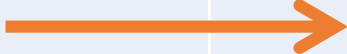
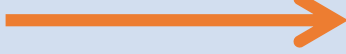


Transition to Biospatial – Nov 1, 2020

210 of 215 agencies transitioned

- Agencies and/or Vendors made the necessary changes to their software for the new endpoint submissions
 - ❖ No transition for V1.4 agencies (5 remaining, all to move to V3 within next few months)
- Web-based training occurred for the 215 agencies. Provided by Biospatial and DOH - **next training 11/25/20**
- Limited EMSTARS management of submissions and compliance in Phase 1 (full management and functionality in later phases of transition)
- **Key impact** - Notification to NEMSIS of submission impact
 - No submissions to NEMSIS til Biospatial obtains NEMSIS certification for V3 – Target Jan 2021
 - NEMSIS agreed to allow Biospatial to seek certification for V3.3.4

Biospatial / EMSTARS Repository Transition Phases

Phase 1 – Nov 2020	Phase 2 – March 2021	Phase 3 – June 2021	Phase 4 –Aug 2021
<ul style="list-style-type: none"> ▪ Full record storage (EMS and Demographic) ▪ Schematron validation <ul style="list-style-type: none"> ▪ UI to select and configure state schematron ▪ Role-based management ▪ NEMESIS-compliant WS record exports <ul style="list-style-type: none"> ▪ Trigger criteria ▪ Customizable elements ▪ UI to customize exports ▪ Logging of administrative functions ▪ Logging/visualization of submission statistics 	<ul style="list-style-type: none"> ▪ Validation scores ▪ Full record/submission review ▪ More comprehensive logging and query/ visualization in UI ▪ Basic notifications <ul style="list-style-type: none"> ▪ Manually triggered ▪ Notifications logging ▪ Reporting compliance exception process 	<ul style="list-style-type: none"> ▪ UI for business rules ▪ Pick-list validation ▪ Notification templates ▪ Expose full record history 	<ul style="list-style-type: none"> ▪ Automated notifications <ul style="list-style-type: none"> ▪ Triggered ▪ Scheduled ▪ Ad-hoc reporting
NEMESIS 3.4 Compliance	 Jan 2021		
NEMESIS 3.5 Compliance	 Mar 2021		AS OF 8/29
			Biospatial

Update on Previous Action Items

- **AHCA/HIE – Data Exchange Update**
 - **Agreements in place**
 - **Biospatial as implementation partner confirmed**
 - **Testing is in progress with HIE implementation partners**
 - **Initial Use Cases identified**



HIE DATA EXCHANGE

DATA SENT

AHCA/HIE

Data Sent to HIE

- | | |
|--|---|
| <ul style="list-style-type: none">● EMS Agency Number● Dispatch Date/Time● First Name● Last Name● Middle Name● Date of Birth● Gender | <ul style="list-style-type: none">● Patient Home Address● Patient Home City● Destination● Complaint● Primary Impression● Insurance Company Name● Insurance Policy ID# |
|--|---|

HIE DATA EXCHANGE

DATA RECEIVED

Data Received

- | | |
|---|---|
| <ul style="list-style-type: none">● Source Facility● Receiver Source Code● Event● Receiver Medical Record Number● Source Medical Record Number● Patient Name● Patient Address | <ul style="list-style-type: none">● Patient Phone● Episode ID● Patient Class● Attending Physician● Discharge Disposition● Discharged to Location● Insurance Information● Plus... |
|---|---|

Detail Outcome Data Available at Event Level

Initial Use Cases

Return of Spontaneous Circulation

Incidents in which cardiac arrest patients who were discharged by the hospital alive that achieved return of spontaneous circulation during the EMS encounter

Monitors the % of cardiac arrest patients achieving sustained ROSC in the pre-hospital setting that survive hospital discharge

Stroke

Incidents in which stroke patients that were treated and transported by EMS to the hospital that originated in a 911 response have a matching hospital discharge record
Assesses the agreement between EMS-suspected strokes and hospital-confirmed strokes

ST-Elevation Myocardial Infarction (STEMI)

Incidents in which STEMI patients that were treated and transported by EMS to the hospital that originated in a 911 response have a matching hospital discharge record
Assesses the agreement between EMS-suspected STEMI and hospital-confirmed STEMI

Update on Previous Action Items

- **Data Quality Updates – facility codes, etc**
 - **Due to Repository transition, implementation approach changed.**
 - **DOH receiving automated feed to maintain up to date facility codes for EMSTARS**
 - **Facility list will be updated on EMSTARS and NEMSIS websites monthly**



V3 Transition

V3 Transition Status

286 Licensed EMS Agencies
(1 subagency)

216 – EMSTARS – (75% participation)
97.3% – Emergency Calls

211 – Total V3 Agencies 98.13%

5 – Total V1.4 Agencies 1.98 %

Status of vendor validations

Validated 3.4

American Medical Response

Beyond Lucid Technologies, Inc.

CloudPCR LLC

Documed

Emergency Reporting

EMS Consultants

emsCharts, Inc

EPR Systems

ESO Solutions

Golden Hour Data Systems

ImageTrend, Inc.

Intermedix

Open Inc./ Safety Pad

Pro Phoenix

RAM Software Systems

Stryker

Traumsoft LLC

Zoll

NEMESIS Timeline Changes

V3.3.4 extended to **Aug 2021**

V3.4 extended to **Jan 2023**

V3.5 - In the wings

Other Discussion

- Needs Related to Vaccine Administration

Other Initiatives

National NEWS

EMS COVID Reporting Tool (available on NEMSIS website) - created by the NHTSA, Office of EMS to capture, in one place, PPE needs, personnel exposures and shortages in one unified reporting database. This will allow the NHTSA Office of EMS to present an accurate and current picture of the nation's EMS status at the federal level.

The goal of the EMS COVID Resource Reporting Dashboard is to provide state/territory data managers and national partners with a current status of various types of PPE by EMS agencies. The dashboard is only available to authorized state/territory and national partners. Access requires an application and approval for an Active Directory (AD) account. Authorized state/territory users will be restricted to viewing only those reporting agencies from their state/territory. They will not be able to see data from other states/territories.