

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

## EMSAC Data Committee Meeting Minutes

<b>Date/Time of Meeting:</b>	<b>7/12/2016</b>	<b>Facilitation</b>
<b>Time of Meeting</b>	<b>8:00 am – 12:00 pm</b>	Chief D. Donatto, Chairman Joshua Sturms
<b>Purpose of Meeting</b>		
To conduct a planning work session to provide an update on the EMSTARS Program, to review state of EMSAC Strategic Goal 2, to review the areas of focus for the Data Committee for 16/17 and to identify the next steps for committee to ensure forward progress on accomplishing EMSAC strategic goals		
<b>Attendees</b>		
<b>Name</b>	<b>Organization</b>	<b>Email</b>
<i>Reference scanned sign in sheet attached</i>		

<b>Agenda Item</b>	<b>Notes/Discussion/Results</b>	<b>Action Items</b>
<b>Welcome/Introductions Review of Agenda</b>	<p><i>Steve McCoy/Joshua Sturms kicked off the meeting with introductions and a review of the meeting purpose and agenda</i></p> <ul style="list-style-type: none"> <li><i>Highlighted the State Plan development session held in Tallahassee in May, as well as the work completed since that time by the Reporting Sub-Committee, which ties to the plan.</i></li> <li><i>The State Plan will help to illustrate how everything ties together as a whole for the EMSAC.</i></li> <li><i>Steve wants to model other EMSAC committees after the Data Committee, in terms of them each transitioning to function as true working committees.</i></li> <li><i>It was noted that both Dr. Celeste Philip (State Surgeon General) and Wayne North (DEPCS - Division Director) would be in attendance at EMSAC; Steve encouraged attendees to speak with them if they had the opportunity.</i></li> <li><i>It was also noted that there is a lot happening with Trauma rules right now; Steve indicated that the hope is to one day model Trauma in the way that EMS and EMSAC are set-up.</i></li> </ul>	
<b>Opening Remarks</b>	<p><i>Josh Sturms provided introductions of himself and additional Data Unit Team members present. Josh provided a review of the past meeting minutes and action item status.</i></p> <ul style="list-style-type: none"> <li><i><u>FY '16/17 Areas of Focus: Strategic Plan - Goal 2</u></i></li> </ul>	

	<p><u>Objectives</u></p> <ul style="list-style-type: none"> <li>○ Objective 2.1 -- Noted for Committee members to keep in mind, regarding the role and structure of the Data Committee</li> <li>○ Objective 2.2 -- Provided brief recap of NEMSIS transition survey; noted that vendor validation list is on the EMSTARS web site; Version 3.4 impact -- our focus is on Version 3.3.4</li> <li>○ Objective 2.3 -- With regard to outreach, there have been no sub-committee meetings since January; there are opportunities for training and education</li> <li>○ Objective 2.4 -- Ben Abes provided a brief recap of the work that had been performed by the Reporting Sub-Committee since January, including the May web conference and the spreadsheet that had been produced.</li> <li>● <u>DOT 405 Grant Training</u> <ul style="list-style-type: none"> <li>○ Training was provided earlier in the year, in conjunction (as a part of) the EMS Matching Grant training that was provided by the BEMO EMS section</li> </ul> </li> </ul>	
<p><b>EMSTARS Update</b></p>	<p>EMSTARS Status : 182 agencies; 16,878,565 runs Percentage is at 65%; emergency runs at 80%</p> <p>NEMSIS 3.x Transition</p> <ul style="list-style-type: none"> <li>● The NEMSIS TAC will accept EMS activations based on Unit Notified by Dispatch Date for: <ul style="list-style-type: none"> <li>○ Version 2.2.1 Closure: 12-31-2016</li> <li>○ Version 3.3.4 Closure: 12-31-2017</li> </ul> </li> <li>● Version 3.4.0 remains the most current version</li> </ul> <p>NEMSIS 3.x Transition Survey - Results of survey concerning NEMSIS timeframe for transition showed no significant impact to those agencies responding.</p> <ul style="list-style-type: none"> <li>○ Survey opened during two separate periods</li> <li>○ 65 Responses across both survey periods</li> <li>○ Survey was sent to ALL (180) participating agencies.</li> <li>○ A question was raised as to when the State would stop accepting V.2.2.1 <ul style="list-style-type: none"> <li>● Josh indicated that there was no line in the sand; the only issue is that an agency cannot submit V.2.2.1 data come the end of the year (end of 2016).</li> </ul> </li> </ul> <p>Vendor Validations</p> <ul style="list-style-type: none"> <li>● VALIDATED <ul style="list-style-type: none"> <li>○ Beyond Lucid (0 Agencies)</li> <li>○ Intermedix (31 Agencies)</li> <li>○ ImageTrend (13 Agencies)</li> </ul> </li> <li>● IN PROGRESS <ul style="list-style-type: none"> <li>○ Zoll (46 Agencies)</li> <li>○ AMR (7 Agencies)</li> </ul> </li> <li>● APPLICATION RECEIVED <ul style="list-style-type: none"> <li>○ SafetyPad (2 Agencies)</li> <li>○ Documed (45 Agencies)</li> </ul> </li> <li>● A question was raised regarding how long is it taking -- on average -- from receipt of the application to certification of the vendor <ul style="list-style-type: none"> <li>○ Per Juan, for the ones that we have validated, the process was ~6 weeks in length.</li> </ul> </li> </ul>	<p><b>Chief Donatto requested a list of agencies joined up in the last four months.</b></p>

	<ul style="list-style-type: none"> <li>• <i>With Version 3.4 in December 2017, vendors will have to go through validation process again due to Florida custom fields.</i> <ul style="list-style-type: none"> <li>○ <i>A comment was received, regarding an understanding that it would be another 2-3 years before undergoing another validation process once transitioned to Version 3.3</i></li> <li>○ <i>Per Juan, NEMSIS meant that there would be a 2-3 year reprieve after the transition to Version 3.4</i></li> </ul> </li> </ul>	
<b>NEMSIS Version 3.4 &amp; NASEMSO Standard Definitions</b>	<p><i>V3.4 - Juan provided a review of the major changes/ 9 new elements</i></p> <p><i>NASEMSO – Juan provided an update of the NASEMSO standard definition work.</i></p>	<p><b>Juan to provide a summary document of the Version 3.3.4 to Version 3.4 differences.</b></p> <p><b>Juan to get a document out for review ASAP to obtain feedback for the August 19<sup>th</sup> deadline. This will be sent to the Data Committee for review and feedback.</b></p>
<b>Grant Updates</b>	<ul style="list-style-type: none"> <li>• <i>Funding from NHTSA 405 for FY 16-17</i> <ul style="list-style-type: none"> <li>○ <i>\$5,748,908 in requests, \$1,660,695 available</i></li> </ul> </li> <li>• <i>CDC Grant ~ 500k per year for 3 years</i> <ul style="list-style-type: none"> <li>○ <i>Grant for enhanced reporting of opioid involved overdoses</i></li> <li>○ <i>Would pay for the outward facing reporting portal</i></li> </ul> </li> <li>• <i>With regard to the NHTSA 405 grant:</i> <ul style="list-style-type: none"> <li>○ <i>Overall, available funding was much lower than expected.</i></li> <li>○ <i>Had to prioritize on state projects; LE, EMS, and Clerk of Court applicants did not receive anything; a couple of large state efforts did not receive full funding.</i></li> </ul> </li> <li>• <i>With regard to the CDC grant opportunity:</i> <ul style="list-style-type: none"> <li>○ <i>If awarded/received, the CDC grant funds will be used to focus on stated grant priorities first, but then we may be able to turn attention to other areas.</i></li> <li>○ <i>There was a comment made that it would be good to link with hospital data; they noted that the creation of this issue is by the hospitals, from the over prescribing of pain medication because they (hospitals) are graded on complaints of pain by the patients -- we indicated that we did plan to link with AHCA data.</i></li> </ul> </li> </ul>	
<b>Goal 2 EMS Strategic Plan Review</b>	<p><i>Josh briefly highlighted the State Plan Summit held in May to develop a draft plan, including draft objectives and measures.</i></p>	
<b>Goal 2 Objectives/Measures</b>	<p><i>The goal is to reach consensus on the objectives/measures for Goal 2 and present "up the food chain" for approval by the Data Committee and EMSAC.</i></p> <ul style="list-style-type: none"> <li>• <i>Ben Abes went through the timeline of work accomplished by the Reporting Sub-Committee since the January 2016 Data Committee meeting.</i> <ul style="list-style-type: none"> <li>○ <i>It was also noted that many of the proposed objectives / measures were reflected in</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Chief Donatto indicated that there should be automated reports, sent via e-mail each month, to each agency contact person.</b></li> <li>• <b>This automated e-mail should include both a state-level report, as</b></li> </ul>

	<p><i>existing EMSTARS-CDX reports that would just require some minor tweaks in order to be utilized.</i></p> <ul style="list-style-type: none"> <li>● <i>Ben led a review and discussion of each objective / measure on the spreadsheet.</i> <ul style="list-style-type: none"> <li>○ <i>Provided a quick definition of the "Current Data" and "Classification" columns, in order to help level-set.</i></li> <li>○ <i>It was noted that the first two measures -- submissions and data linkages -- are simple measures.</i></li> </ul> </li> <li>● <i>There was some discussion on the development of the baseline numbers and the ultimate goals of where we want to go.</i> <ul style="list-style-type: none"> <li>○ <i>Josh noted that we are having Junwei (new epidemiologist/biostatistician) re-run the baseline numbers utilizing the definitions that we have now developed.</i></li> <li>○ <i>The goal is to take these objectives / measures and develop associated action plans in order to move the needle on each, in conjunction with the constituency groups.</i> <ul style="list-style-type: none"> <li>● <i>Each EMS State Plan Goal has an "owner," but there will be a lot of folks working on this.</i></li> </ul> </li> </ul> </li> <li>● <i>A question was raised regarding the timeline used to define the baseline numbers.</i> <ul style="list-style-type: none"> <li>○ <i>It was shared that 2015 data was used in the development of the baseline numbers, with exception of one measure (which utilizes 2012 data).</i></li> </ul> </li> <li>● <i>There was conversation around SP-COP-13 [2.1.2H -- Increase the percentage of trauma alert patients that were initially transported to a trauma center from 57% to 75% by December 2018] and the 57% baseline figure (very low).</i> <ul style="list-style-type: none"> <li>○ <i>A question was raised as to whether or not we are counting provisional trauma centers (AI?)</i></li> <li>○ <i>A question was raised as to whether or not there is a map showing this transport information (AI?)</i></li> <li>○ <i>There was brief conversation on how things change outside of S. Florida, in terms to transportation to a trauma center.</i></li> <li>○ <i>Josh spoke to how we identify a facility designation using AHCA facility finder data and that this likely does not use provisional trauma centers, which may be affecting the baseline percentage.</i></li> <li>○ <i>A question was raised as to whether or not we can ascertain the patients who were NOT transported to trauma center, and where specifically they were taken and when (AI?)</i></li> <li>○ <i>A question was raised as whether or not it is possible that patients were taken to an air transport landing zone, via helicopter, to be ultimately transported to a trauma center (in this case, the destination would be listed as a landing zone.</i></li> <li>○ <i>We need to look at destination information utilized in the definition of this measure in order to ensure we have the most accurate percentage.</i> <ul style="list-style-type: none"> <li>● <i>Ben provided the attached e-mail</i></li> </ul> </li> </ul> </li> </ul>	<p><b>well as the agency-level report.</b></p> <ul style="list-style-type: none"> <li>● <b>Chief Donatto would like the State to take an action item to develop a cost estimate for implementing this functionality within EMSTARS.</b></li> <li>● <b>As well, there should be an action item to determine cost / effort for implementing self-service capabilities.</b></li> </ul>
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	<p style="text-align: center;">with his suggestion: &lt;&lt;Reports.msg&gt;&gt;</p> <ul style="list-style-type: none"> <li>○ There was also an additional comment made regarding those trauma victims who were deceased on-scene, and that data from the ME/Cs would be required to understand those counts.</li> <li>○ A question was raised as to how many air ambulances are not reporting data into EMSTARS-CDX (AI?) <ul style="list-style-type: none"> <li>● It was noted that some of those are in the non-reporting list.</li> </ul> </li> <li>● With regard to SP-RE-1 [Increase the number of performance measures activity used for the statewide improvement of EMS process from 0 to 5 per organizational type (Ground ALS Transport, ALS Non-Transport, Interfacility, and Rotor-Wing Air Scene) by December 2016], Ben noted that development of these ongoing performance measures would come at a later time.</li> <li>● There was a question raised about AHCA's plans to remove the SSN from their data set. <ul style="list-style-type: none"> <li>○ Josh noted that DOH had formed a committee to consolidate the department's thoughts/feedback and push those up the food chain -- this included the impacts of the proposed change to the Department and the development of a position paper noting why the Department does NOT want this change.</li> <li>○ There have been no AHCA meetings as of yet with respect to making a move; this may be on a back burner right now due to other priorities at AHCA.</li> <li>○ Josh also shared noted that the Bureau had planned to use funds from the NHTSA 405 grant to look more at the linking methodology used with the AHCA data set to try and get ahead of this issue.</li> </ul> </li> <li>● There was a question raised as to whether or not there had been any discussion on the inclusion of sepsis alert measures, as one of the counties is doing a study on this? <ul style="list-style-type: none"> <li>○ Ben noted that the Reporting Sub-Committee took its work direction directly from what had been included in the EMS State Plan.</li> </ul> </li> <li>● Overall feedback was that the work performed by the Reporting Sub-Committee was good work. <ul style="list-style-type: none"> <li>○ Per Chief Donatto, all that the Advisory Council needed was to see that the proposed objectives/measures reporting was doable.</li> <li>○ The spreadsheet produced and reviewed is exactly what was what the needed for the Advisory Council; there is no "vote" needed by the Data Committee.</li> </ul> </li> </ul>	
<p><b>Other Discussion</b></p>	<p><u>Legacy Data Issues</u></p> <ul style="list-style-type: none"> <li>● An issues was raised with regard to the ability to access legacy data when switching vendors, without significant costs to the individual agency. <ul style="list-style-type: none"> <li>○ You can't read the data without the previous application's security key.</li> <li>○ This is a huge issue when the records retention schedule is seven (7) years for this data.</li> <li>●</li> </ul> </li> </ul>	<p><b>It was recommended that the Data Committee provide some boilerplate language on the web site for agencies to utilize that lays out the basic legal verbiage that should be included in all vendor contracts.</b></p> <ul style="list-style-type: none"> <li>● It was also recommended to</li> </ul>

		<p>include some language on key points and best practices to keep in mind when changing software vendors.</p> <ul style="list-style-type: none"> <li>• One of the agency representatives in the room indicated that he had some language that he could provide.</li> </ul>
<b>Adjourn</b>		
<b>Adjourn</b>	<i>Meeting was adjourned at 12:00</i>	