



Chief Darrell Donatto, Chair

July 12, 2016



EMSAC Data Committee







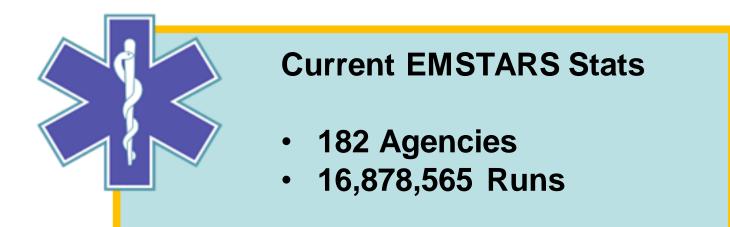


EMSTARS Update

RECAP OF LAST MEETING MINUTES WITH ACTION ITEMS

Refer to Meeting Minutes Document







NEMSIS TIMELINE

The NEMSIS TAC will accept EMS activations based on Unit Notified by Dispatch Date for:

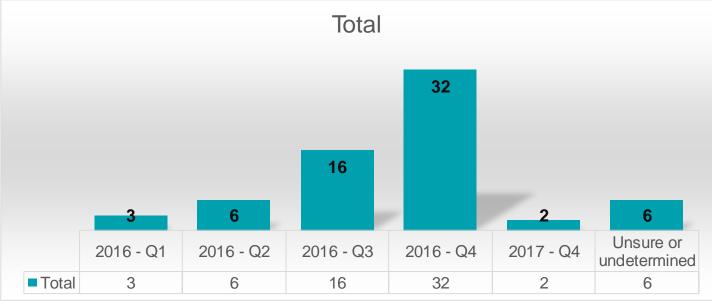
- Version 2.2.1 Closure: 12-31-2016
- Version 3.3.4 Closure: 12-31-2017

Version 3.4.0 remains the most current version



NEMSIS Transition Survey Results

- Survey opened during two separate periods
- 65 Responses across both survey periods





Florida Vendor Validation

VALIDATED

- Beyond Lucid (0 Agencies)
- Intermedix (31 Agencies)
- ImageTrend (13 Agencies)

IN PROGRESS

- Zoll (46 Agencies)
- AMR (7 Agencies)

APPLICATION RECV.

- SafetyPad (2 Agencies)
- Documed (45 Agencies)



NEMSIS V.3.4

What's this all about???

- 9 new elements, 2 retired
- Updates to element names, definitions, comments, and constraints,
- Changes to meet billing needs based on existing standards ICD-10 code sets.
- Deprecated elements from previous versions of the NEMSIS Version 3 standard have been removed.
- Elements and values identified for removal are not deprecated in this release but removed completely from the standard.



3.3.4 to 3.4 Differences

- 9 New Elements
- 2 Removed Items
- 24 Field, NOT or PN Values Added
- 30 Field Values Removed
- 5 Name and Meaning changes
- 2 elements moved from grouping
- 2 Recurrence Change
- 2 Elements with Field length reduced



3.4 Changes

- Review
- Collect?
- Edit Element List



Definitions

- NASEMSO is working on developing standard definitions
- They have an initial draft available but it is incomplete and only contains critical elements
- 19 elements field values were defined
- Do we need sub-committee to address definitions?
- Feedback is needed no later than August 19th
- Comment sheet



Elements Defined

- 1. eDisposition.12 Incident/Patient Disposition
- 2. eDisposition.18 Additional Transport Mode Descriptors
- 3. eHistory.17 Alcohol/Drug Use Indicators
- 4. eMedication.07 Response to Medication
- 5. ePatient.14 Race
- 6. ePayment.50 CMS Service Level
- 7. eProcedure.08 Response to Procedure
- 8. eResponse.05 Type of Service Requested

- 9. eResponse.07 Primary Role of the Unit
- 10. eResponse.08 Type of Dispatch Delay
- 11. eResponse.09 Type of Response Delay
- 12. eResponse.10 Type of Scene Delay
- eResponse.24 Additional Response Mode Descriptors
- 14. eScene.06 Number of Patients at Scene
- 15. eScene.07 Mass Casualty Incident
- 16. eScene.08 Triage Classification for MCI Patient
- 17. eSitutation.11 Provider's Primary Impression
- 18. eSitutation.12 Provider's Secondary Impression
- 19. eVitals.29 Stroke Scale Score



Definitions

- Review
- Provide Feedback





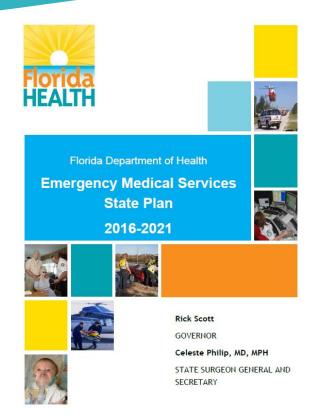


NHTSA 405

- Funding from NHTSA 405 for FY 16-17
 - \$5,748,908 in requests, \$1,660,695 available
- CDC Grant ~ 500k per year for 3 years
 - Grant for enhanced reporting of opioid involved overdoses
 - Would pay for the outward facing reporting portal



EMSAC Strategic Plan FY14-19



Refer to Handouts of Strategic Plan Objectives



Reporting Subcommittee Methodology

- Review Goal 2 EMSAC Strategic Plan
 Objectives/Measures
 Review spreadsheet
- Reach consensus on measures, definitions, etc.



Finalize draft to present to Chair and full committee for vote.



Questions/Discussion

NEXT STEPS

WE APPRECIATE YOUR CONTINUED SUPPORT