

DRAFT-Implementation Use Cases

NOTE: Items in RED denote data sources that the Bureau does not currently have access to, in terms of detail-level data.

Use Case ID	Use Case Name	Description	Analysis Type	Method of Consumption	Data Source(s)	Mobile / Tablet Device Use?	External Constituent Access Required?	Comments (Include any details on strategy alignment & overall value/benefit realized)
IUC-01	EMS Performance Measure Reports	State (aggregate) level reports used to drive quality improvement initiatives at the state level.	Historical (what happened?)	Data Visualization - Report Data Visualization - Scorecard for Key Performance Indicators (KPIs)	<p>Primary Data Sources EMSTARS-CDX LEIDS AHCA (ED & IP, Facility Finder) Vital Statistics - Death Certificates</p> <p>-----</p> <p>Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm</p>	Yes	Yes	<p>This use case directly supports the State EMS Plan - 2016-2021:</p> <p><u>Strategic Priority 2</u>: Clinical and Operational Performance <u>Goal 2.0</u>: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes <u>Strategy 2.1.1</u>: Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives <u>Strategy 2.1.2</u>: Improve patient care quality and outcomes</p> <p>This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018:</p> <p><u>Priority 1</u>: Long, Healthy Life <u>Goal 1.1</u>: Increase healthy life expectancy. <u>Strategy 1.1.1</u>: Improve patient outcomes using data.</p> <p><u>Objective A</u>: By December 31, 2016, develop 5 improvement indicators utilizing data elements in the Next Generation Trauma Registry and the Emergency Medical Services Tracking and Reporting System (EMSTARS).</p> <p>Additional Information: The ability to readily make these reports available in an easy-to-use, self-service manner for external EMS agencies is a pressing need.</p>
IUC-02	EMS Agency Performance Measure Scorecards	Agency (Detail) Level + State (Aggregate) Level scorecards used to drive quality improvement at the agency level, by providing a comparison between each individual EMS agency's detailed data and the State (aggregate) level data.	Historical (what happened?)	Data Visualization - Report Data Visualization - Scorecard for Key Performance Indicators (KPIs)	<p>Primary Data Sources EMSTARS-CDX LEIDS AHCA (ED & IP, Facility Finder) Vital Statistics - Death Certificates</p> <p>-----</p> <p>Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm</p>	Yes	Yes	<p>This use case directly supports the State EMS Plan - 2016-2021:</p> <p><u>Strategic Priority 2</u>: Clinical and Operational Performance <u>Goal 2.0</u>: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes <u>Strategy 2.1.1</u>: Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives <u>Strategy 2.1.2</u>: Improve patient care quality and outcomes</p> <p>This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018:</p> <p><u>Priority 1</u>: Long, Healthy Life <u>Goal 1.1</u>: Increase healthy life expectancy. <u>Strategy 1.1.1</u>: Improve patient outcomes using data.</p> <p><u>Objective A</u>: By December 31, 2016, develop 5 improvement indicators utilizing data elements in the Next Generation Trauma Registry and the Emergency Medical Services Tracking and Reporting System (EMSTARS).</p> <p>Additional Information: External EMS agencies repeatedly request this type of report, made available in an easy-to-use, self-service manner. Provision is critical to incentivize EMS agencies to continue to submit incident-level data to EMSTARS-CDX, as well as to incentivize non-participating agencies to begin participating.</p> <p>Agency-specific scorecards - due to the detailed data they will contain - must be secured in a manner such that each agency can only see their agency's information and no one else's.</p>

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IUC-03	Trauma Performance Measure Reports	State (aggregate) level reports used to drive quality improvement initiatives at the state level.	Historical (what happened?)	Data Visualization - Report Data Visualization - Scorecard for Key Performance Indicators (KPIs)	Primary Data Sources NGTR EMSTARS-CDX AHCA (ED & IP, Facility Finder) Vital Statistics - Death Certificates <hr/> Secondary Data Sources Trauma Site Surveys DHSMV MV Crash Data U.S. Census Data Geographic Data (GIS / ZIP Code) EM Resource DFS Reporting (FLAIR) <hr/> Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018 : <u>Priority 1:</u> Long, Healthy Life <u>Goal 1.1:</u> Increase healthy life expectancy. <u>Strategy 1.1.1:</u> Improve patient outcomes using data. <u>Objective A:</u> By December 31, 2016, develop 5 improvement indicators utilizing data elements in the Next Generation Trauma Registry and the Emergency Medical Services Tracking and Reporting System (EMSTARS).
IUC-04	Trauma Center / Acute Care Hospital Performance Measure Scorecards	Agency (Detail) Level + State (Aggregate) Level scorecards used to drive quality improvement at the agency level, by providing a comparison between each individual Trauma Center / Acute Care Hospital's detailed data and the State (aggregate) level data.	Historical (what happened?)	Data Visualization - Report Data Visualization - Scorecard for Key Performance Indicators (KPIs)	Primary Data Sources NGTR EMSTARS-CDX AHCA (ED & IP, Facility Finder) Vital Statistics - Death Certificates <hr/> Secondary Data Sources Trauma Site Surveys DHSMV MV Crash Data U.S. Census Data Geographic Data (GIS / ZIP Code) EM Resource DFS Reporting (FLAIR) <hr/> Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018 : <u>Priority 1:</u> Long, Healthy Life <u>Goal 1.1:</u> Increase healthy life expectancy. <u>Strategy 1.1.1:</u> Improve patient outcomes using data. <u>Objective A:</u> By December 31, 2016, develop 5 improvement indicators utilizing data elements in the Next Generation Trauma Registry and the Emergency Medical Services Tracking and Reporting System (EMSTARS). Additional Information: Trauma Center / Acute Care Hospital-specific scorecards - due to the detailed data they will contain - must be secured in a manner such that each trauma center / acute care hospital can only see their trauma center / acute care hospital's information and no one else's.
IUC-05	Patient Outcome Reporting	Research to assess and understand the medical outcomes of those patients - who through the BEMO Emergency Services Continuum of Care - in order to better inform quality improvement initiatives (within EMS agencies, but also potentially within trauma centers and acute care hospitals), as well as to inform policy issues, in order to ultimately improve patient outcomes.	Historical (what happened?) Analytical (why did it happen?)	Data Visualization - Report & Dashboard Analytical Model	Primary Data Sources EMSTARS-CDX LEIDS NGTR AHCA (ED & IP, Facility Finder) Vital Statistics - Death Certificates <hr/> Secondary Data Sources RIMS <hr/> Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	This use case directly supports the State EMS Plan - 2016-2021 : <u>Strategic Priority 2:</u> Clinical and Operational Performance <u>Goal 2.0:</u> Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes <u>Strategy 2.1.2:</u> Improve patient care quality and outcomes This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018 : <u>Priority 1:</u> Long, Healthy Life <u>Goal 1.1:</u> Increase healthy life expectancy. <u>Strategy 1.1.1:</u> Improve patient outcomes using data. Additional Information: Enables external constituent performance improvement, outcomes research, and resource utilization efforts / initiatives. Provides the state public health system with the necessary data for statewide planning and injury prevention initiatives.

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IUC-06	Injury Prevention - Top 10 Charts (Leading Statewide Injuries)	Color-coded tables showing the 10 leading injury mechanisms across 11 different age groups for each year of data. - Fatal injuries - Non-fatal hospitalizations - Non-fatal injury emergency department visits	Historical (what happened?)	Data Visualization - Report & Dashboard	Primary Data Sources AHCA (ED & IP) Vital Statistics - Death Certificates Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018 :
IUC-07	Injury Prevention - State & County Profiles	Detailed tables providing a picture of injuries within the state of Florida and each of Florida's 67 counties. Each table has 68 tabs. Each tab contains a two-page profile of injury data by intent, mechanism, and age group; one for the state of Florida plus each of Florida's 67 counties. - Fatal injuries - Non-fatal hospitalizations - Non-fatal injury emergency department visits	Historical (what happened?)	Data Visualization - Report & Dashboard	Primary Data Sources AHCA (ED & IP) Vital Statistics - Death Certificates Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	Priority 1: Long, Healthy Life Goal 1.1: Increase healthy life expectancy. Strategy 1.1.2: Reduce Injury Objective A: By December 31, 2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000. Objective B: By December 31, 2017, increase the number of EMS agencies conducting fall prevention programs from 5 (2015) to 25. Objective C: By December 31, 2016, decrease the number of fall-related hospitalizations among adults age 55 or older from 895.9 (2012) to 886.9. Objective D: By December 31, 2018, decrease the number of fall-related deaths among adults age 55 or older from 40.0 (2012) to 39. Objective E: By December 31, 2018, decrease the rate of all drowning-related hospitalizations (intentional and unintentional) among children ages 9 and younger from 10.3 (2012) to 9.8. Objective F: By December 31, 2016, decrease the rate of all drowning deaths (intentional and unintentional) among children ages 9 and younger from 3.5 in (2012) to 3.4. Objective G: By December 31, 2018, decrease the rate of hospitalizations due to motor vehicle crashes 41.9 (2012) to 39.8. Objective H: By December 31, 2018, decrease the rate of deaths due to motor vehicle crashes from 3.5 (2012) to 3.4. Additional Information: Goal would be to utilize the DWBIA solution to automatically generate the data / information required, as well as the reports/dashboards themselves, in lieu of the current manual method of PDF report development.
IUC-08	Injury Prevention - Injury Fact Sheets	Individual, six-page fact sheets describing select injury mechanisms and intents in great detail. Each fact sheet characterizes the topic using text, tables, graphs, and GIS maps to provide knowledge and focus for prevention activities. - All injury - Drowning - Firearm - Hip fractures, ages 65+ - Homicide and assault - Motor vehicle traffic - Poisoning - Suicide and self-harm - Traumatic brain injury - Unintentional falls - Unintentional fires - Unintentional injury - Unintentional older adult falls	Historical (what happened?)	Data Visualization - Report & Dashboard	Primary Data Sources AHCA (ED & IP) Vital Statistics - Death Certificates Secondary Data Sources EMSTARS-CDX DHSMV MV Crash Data Behavioral Risk Factor Surveillance System Youth Risk Behavior Surveillance System Child Death Review Uniform Crime Reporting System Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	Additional Information: Goal would be to utilize the DWBIA solution to automatically generate the data / information required, as well as the reports/dashboards themselves, in lieu of the current manual method of PDF report development.
IUC-09	Injury Prevention - Special Emphasis / Priority Areas (CDC Reporting)	Specialty topics / focus area reports that go to the CDC; CDC provides the template for the Department of Health to complete. - Drug poisoning / overdose - Traumatic brain injuries - Senior falls	Historical (what happened?)	Other (Goal would be to utilize the DWBIA solution to automatically generate the data / information required to populate the CDC-supplied templates)	Primary Data Sources AHCA (ED & IP) Vital Statistics - Death Certificates Secondary Data Sources EMSTARS-CDX DHSMV MV Crash Data Behavioral Risk Factor Surveillance System Youth Risk Behavior Surveillance System Child Death Review Uniform Crime Reporting System Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm	Yes	Yes	This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018 : Priority 1: Long, Healthy Life Goal 1.1: Increase healthy life expectancy. Strategy 1.1.2: Reduce Injury

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IUC-10	Injury Prevention - State Injury Indicators (CDC Reporting)	<p>Annual reports that must be submitted to CDC; provides a broader overview; not as much data as fact sheets provide; CDC provides the template for the Department of Health to complete.</p> <p>Rate calculation and submission spreadsheet for injury indicators:</p> <p><u>Three report spreadsheet types:</u></p> <ul style="list-style-type: none"> - Death related - Emergency Department related - Hospitalization related <p><u>Each report spreadsheet contains the following tabs:</u></p> <ul style="list-style-type: none"> - Introduction - Populations - Background report - Injury (summary / roll-up data) - Drowning - Fall-related injuries - Hip fractures - Fire related injuries - Firearms-related injuries - Assault-related injuries - Motor vehicle crash injuries - Poisoning - Suicide attempts - Traumatic brain injuries - Report (summary / roll-up data) 	Historical (what happened?)	Other (Goal would be to utilize the DWBIA solution to automatically generate the data / information required to populate the CDC-supplied templates)	<p>Primary Data Sources</p> <p>AHCA (ED & IP) Vital Statistics - Death Certificates</p> <p>-----</p> <p>Secondary Data Sources</p> <p>EMSTARS-CDX DHSMV MV Crash Data Behavioral Risk Factor Surveillance System Youth Risk Behavior Surveillance System Child Death Review Uniform Crime Reporting System</p> <p>-----</p> <p>Enrichment Data Sources</p> <p>GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm</p>	No	No	<p>Objective A: By December 31, 2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000.</p> <p>Objective B: By December 31, 2017, increase the number of EMS agencies conducting fall prevention programs from 5 (2015) to 25.</p> <p>Objective C: By December 31, 2016, decrease the number of fall-related hospitalizations among adults age 55 or older from 895.9 (2012) to 886.9.</p> <p>Objective D: By December 31, 2018, decrease the number of fall-related deaths among adults age 55 or older from 40.0 (2012) to 39.</p> <p>Objective E: By December 31, 2018, decrease the rate of all drowning-related hospitalizations (intentional and unintentional) among children ages 9 and younger from 10.3 (2012) to 9.8.</p> <p>Objective F: By December 31, 2016, decrease the rate of all drowning deaths (intentional and unintentional) among children ages 9 and younger from 3.5 in (2012) to 3.4.</p> <p>Objective G: By December 31, 2018, decrease the rate of hospitalizations due to motor vehicle crashes 41.9 (2012) to 39.8.</p> <p>Objective H: By December 31, 2018, decrease the rate of deaths due to motor vehicle crashes from 3.5 (2012) to 3.4.</p>	
IUC-11	MV Crash Analysis -- Adults 65+	<p>Research to understand risk factors, types of injuries, and injury severity as they relate to motor vehicle crashes (and associated outcomes) among older adults (and eventually, other at-risk age groups).</p> <p>Understanding how motor vehicle crashes affect types of injuries and injury severity, can increase the potential public health impact of motor vehicle crash prevention efforts. Effective data linkage models can be integrated into more comprehensive crash risk assessment and management strategies, and when adopted, decrease the rates of injuries and deaths among persons involved in motor vehicle crashes.</p> <p>Make the information available for analysis that supports reasearch, prevention, problem identification, policy-level decision-making, and efficient resource allocation.</p>	<p>Historical (what happened?)</p> <p>-----</p> <p>Analytical (why did it happen?)</p>	<p>Data Visualization - Report & Dashboard</p> <p>-----</p> <p>Analytical Model</p>	<p>Primary Data Sources</p> <p>EMSTARS-CDX NGTR AHCA (ED & IP) Vital Statistics - Death Certificates DHSMV MV Crash Data</p> <p>-----</p> <p>Enrichment Data Sources</p> <p>GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm</p>	Yes	Yes	<p>This use case directly supports the Florida Traffic Safety Information System (TSIS) Strategic Plan 2012-2016:</p> <p><u>Goal 3: Integration</u> -- Provide the ability to link traffic records data. <u>Goal 4: Accessibility</u> -- Facilitate access to traffic records data.</p> <p>Additionally, this use case supports multiple best practice references and recommendations from both the <i>2011 and the 2016 Traffic Records Assessment (TRA)</i>, performed by the National Highway Safety Transportation Administration (NHTSA), for the <i>Florida Traffic Records Coordinating Committee (TRCC)</i>.</p> <p>This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018:</p> <p><u>Priority 1:</u> Long, Healthy Life <u>Goal 1.1:</u> Increase healthy life expectancy. <u>Strategy 1.1.1:</u> Improve patient outcomes using data. <u>Strategy 1.1.2:</u> Reduce Injury</p> <p>Additional Information: Per the CDC, motor vehicle crashes are the second leading cause of unintentional injury death for adults aged 65 years and older. Nationally, Florida has the second-largest population of adults 65+, according to data from the CDC's Wonder online database.</p>	
IUC-12	Non-Fatal Opioid Overdose Reporting	<p>Increase the timeliness of aggregate non-fatal opioid overdose reporting utilizing pre-hospital EMS data from EMSTARS-CDX and via the tracking of two indicators: 1) suspected drug overdoses, and 2) suspected overdoses involving any opioid, including Opioid Pain Relievers (OPRs), heroin, or illicitly made fentanyl.</p> <p>Will also seek to add -- in out years -- non-rapid surveillance data from hospital emergency department and in-patient discharge data sets, as well as rapid bio-surveillance data and prescription drug monitoring data sets from ESSENCE and the PDMP (E-FORCE) respectively, as a supplement to incident-level EMS data, for selected indicators.</p> <p>The purpose is to support and inform prevention efforts by key state and local level stakeholders when responding to opioid-involved overdoses; a growing challenge presented by opiate-based drugs.</p>	Historical (what happened?)	Data Visualization - Report & Dashboard	<p>Primary Data Sources</p> <p>EMSTARS-CDX</p> <p>-----</p> <p>Secondary Data Sources</p> <p>AHCA (ED & IP) ESSENCE E-FORCE</p> <p>-----</p> <p>Enrichment Data Sources</p> <p>GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm</p>	Yes	Yes	<p>This use case directly supports the Division of Emergency Preparedness & Community Support Strategic Plan - 2016-2018:</p> <p><u>Priority 1:</u> Long, Healthy Life <u>Goal 1.1:</u> Increase healthy life expectancy. <u>Strategy 1.1.1:</u> Improve patient outcomes using data. <u>Strategy 1.1.2:</u> Reduce Injury</p> <p>Additionally, this use case also directly supports the purpose of <i>Florida's Drug Policy Advisory Council (DPAC)</i>, which is housed under the Department of Health and Chaired by the State Surgeon General. The DPAC was created to conduct a comprehensive analysis of the substance abuse problem in Florida and is charged to seek input from a broad spectrum of public and private sector partners and develop a compendium of best practices in drug abuse strategies.</p>	

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IUC-13	Fatal Opioid Overdose Reporting	<p>Increase the timeliness of aggregate fatal opioid overdose reporting utilizing Death Certificate data from Vital Statistics.</p> <p>Will seek to add -- in out years -- the establishment of data partnerships with the Medical Examiner / Coroner (ME/C) community to obtain ME/C, toxicology, and investigator reports in order to abstract and analyze risk factor and toxicology data elements.</p> <p>The purpose is to support and inform prevention efforts by key state and local level stakeholders when responding to opioid-involved overdoses; a growing challenge presented by opiate-based drugs.</p>	<p>Historical (what happened?)</p> <p>-----</p> <p>Analytical (why did it happen?)</p>	<p>Data Visualization - Report & Dashboard</p> <p>-----</p> <p>Analytical Model</p>	<p>Primary Data Sources Vital Statistics - Death Certificates</p> <p>-----</p> <p>Secondary Data Sources ME/C Reports (incl. Toxicology & Investigator Reports)</p> <p>-----</p> <p>Enrichment Data Sources GIS Base Map / Layer Data ZIP Code Data U.S. Census Data Industry Standard Code Set -- GNIS Industry Standard Code Set -- ICD 9 & 10 Industry Standard Code Set -- Snomed CT Industry Standard Code Set -- RxNorm</p>	Yes	Yes	<p>Additional Information: Heroin has seen a resurgence statewide and nationally following a crackdown on the prescription drug abuse epidemic. Along with the heroin resurgence, there has also been a significant increase in the use of synthetic drugs.</p> <p>The Department recognizes the need for a comprehensive and timely system, along with comprehensive data stakeholder relationships, for non-fatal and fatal opioid-involved overdose surveillance, analysis, reporting, and dissemination activities, all of which can be used to formulate effective strategies and initiatives to positively impact this public health issue.</p>

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#	Program	Data Source Owner	Data Source Name	Purpose	Data Source Type	Data Source Location	Data Source Ease of Accessibility	Update / Use Frequency	Subject Area(s)	Granularity
1	EMS	DOH - Division of Medical Quality Assurance Bureau of Operations	Licensing and Enforcement Information Database System (LEIDS)	Supports medical professional, transport vehicle, and agency licensing / certification / permitting. Supports complaint tracking / investigations.	Web-based front-end Likely MS SQL Server back-end (see comment for Data Source Name field)	Assume State Data Center	DOH Owned	Daily	Medical professionals Agencies Transport vehicles	Medical professional EMTs Paramedics Radiation Technicians Nurses Physicians Others (view link provided under "Purpose") Agencies EMS providers Transport Vehicles Vehicles Aircraft
2	EMS	DOH - DEPCS BEMO	Emergency Medical Services Tracking and Reporting System (EMSTARS-CDX)	Driven by national and state data collection requirements Provides: - EMS incident-level data collection - Agency demographic data collection Allows for subsequent analysis, benchmarking, and identification of quality improvement initiatives.	XML uploads ----- Web-based access (front-end) Unknown database (back-end)	3rd Party Hosted - Application Service Provider https://triptix.intermedix.com/TripTixCDX/login/ems/FL	3rd Party - BEMO Contract	Daily	Agency / Provider Patient Incident	Agency/Provider: Agency/Provider Details Incident: Incident Details Patient: Patient Details Procedure Details Medication Details Assessments / Vital Signs Details
3	Trauma	DOH - DEPCS BEMO	Next Generation Trauma Registry (NGTR)	Integrates medical and system information related to trauma patient diagnosis and the provision of trauma care by prehospital, hospital, and medical examiners.	XML uploads Direct user interface (direct data entry) ----- Mix of web-based access, a vendor provided program, and SAS (front-end access & data reporting) MS SQL Server database (back-end)	State Data Center	BEMO Owned	Daily and Quarterly	Patient Demographics Injury Information Pre-Hospital Information Referring Hospital Information Emergency Department Information Diagnosis Outcome	Patient Demographics Identifies patient name, SSN, age, home state, city, etc. Injury Information Identifies who, when, what of the injury Pre-Hospital Information Identifies agency information such as date/times of the event (no agency identifying information though) and patient's condition Referring Hospital Information Identifies the hospital that made the referral and the patient information (when they arrived and left) Emergency Department Information Patient arrival/discharge, condition, and vitals Diagnosis Identifies patient pre-existing conditions and current injury Outcome Provides an overview of patient's stay in the hospital and discharge information
4	IP / Data Team	DOH Division of Public Health Statistics & Performance Management Bureau of Vital Statistics / Records	Vital Statistics - Death Certificates	Provides death details on all Florida citizens.	Database View (Death Stat) Unknown database (back-end)	Assume State Data Center	DOH Owned BEMO Data Sharing Agreement in Place	Annually	Patient	Patient Date / time of death Cause of death Mechanism of death

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5	IP / Data Team	Florida Agency for Health Care Administration (AHCA)	Emergency Department Data	Provides emergency room stay / discharge details from Florida hospitals Two versions of this data in use: 1) EMS-ODS -- limited to data that is matched to an EMS record. 2) Data Team -- Detailed data view via "Hospital" database Owned by Vital Stats.	Direct pull DB to DB (they have a single table for all the data and ours is normalized).	Assume State Data Center	State Sister Department / Agency - AHCA BEMO Data Sharing Agreement in Place	Quarterly	Patient	<u>Patient</u> Stay record Procedures Costs Clinical diagnostics
6	IP / Data Team	Florida Agency for Health Care Administration (AHCA)	In-Patient Data	Provides in-patient stay / discharge details from Florida hospitals Two versions of this data in use: 1) EMS-ODS -- limited to data that is matched to an EMS record. 2) Data Team -- Detailed data view via "Hospital" database Owned by Vital Stats.	Direct pull DB to DB (they have a single table for all the data and ours is normalized).	Assume State Data Center	State Sister Department / Agency - AHCA BEMO Data Sharing Agreement in Place	Quarterly	Patient	<u>Patient</u> Stay record Procedures Costs Clinical diagnostics
7	Data Team	Florida Agency for Health Care Administration (AHCA)	Florida Health Finder - Facility / Provider Locator	Provides details on Florida health care facilities / providers	CSV file	Assume State Data Center	State Sister Department / Agency - AHCA	Download/Export as Needed	Facilities / Providers	<u>Facilities / Providers</u> Type Location Proximity Inspection reports Final orders Facility / provider details
8	Data Team	Florida Department of Highway Safety and Motor Vehicles (DHSMV))	Motor Vehicle Crash Data	Provides an index and details of incidents for the State of Florida.	CSV file (from a CD received from DHSMV)	Assume J: Drive (file share)	State Sister Department / Agency - DHSMV	Annually	Incident	<u>Incident</u> Event Drivers Passengers Non-Motorists Property Vehicles Violations Motor Carrier Witnesses Trailer(s)
9	Data Team	DOH - Division of Disease Control and Health Protection	GIS Base Map / Layer Data	Provides context for maps; contains reference information provides different geospatial information based on what is being communicated.	ArcSDE Server	Assume State Data Center	DOH Owned	Highly Variable (from static to real-time updates)	Base Maps / Layers	<u>Base Maps / Layers</u> Trauma Centers Acute Care Hospitals Population Etc.
10	Data Team	U.S. Geological Survey (USGS)	Industry Standard Code Set -- GNIS [Geographic Names Information System]	The GNIS contains information about physical and cultural geographic features in the United States and associated areas, both current and historical (not including roads and highways). The GNIS provides names data to government agencies and to the public. Web map and features services for names data also are available.	Pipe-delimited text (.txt) files within a compressed (.zip) format. All files are in UTF-8 encoded text format.	3rd Party - Online Resource http://nhd.usgs.gov/gnis.html	3rd Party	Unknown	Geographic Features (Physical & Cultural)	<u>Geographic Features (Physical & Cultural)</u> Federally recognized name Location [state, county, USGS topographic map, geo-coordinates]
11	Data Team	Maaponics (Vendor)	Zip Code Data	Provides look-up capability in order to assign a zip code to a county. As of early / mid-2015, in process of renewing for an updated ZIP code file (purchased).	Availability: SHP, TAB, WKT, MySQL, PostGIS, KML. BEMO gets a SHP (Shape) file.	J: Drive (file share)	3rd Party / BEMO Owned (aquired and downloaded)	Download/Export as Needed	Zip Codes	<u>Zip Codes</u> County

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#	Program	Data Source Owner	Data Source Name	Purpose	Data Source Type	Data Source Location	Data Source Ease of Accessibility	Update / Use Frequency	Subject Area(s)	Granularity
12	Data Team	U.S. Department of Commerce -- Census Bureau	U.S. Census Data - American Fact Finder	Provides population data details for the State of Florida.	CSV or XLS file	3rd Party - Online Resource http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml	3rd Party	Download/Export as Needed (not stored)	Population	Population By state By county Age distributions
13	Data Team	World Health Organization (WHO)	Industry Standard Code Set -- ICD 9 & ICD 10 [Diagnosis]	Provides a cross-reference to translate a diagnosis code into a diagnosis description. The standard diagnostic tool for epidemiology, health management and clinical purposes. CDC Details -- http://www.cdc.gov/nchs/icd.htm	CSV file	J: Drive (file share)	3rd Party / BEMO Owned (acquired and downloaded)	Static	Diagnosis Codes	Diagnosis Codes Short description Long description
14	Data Team	U.S National Library of Medicine (NLM) -- Unified Medical Language System (UMLS)	Industry Standard Code Set -- Snomed CT [Procedures / Medical Terms]	Provides a comprehensive, standard clinical terminology for electronic health records. It provides a standardized way to represent clinical phrases captured by the clinician and enables automatic interpretation of these. Contains concepts with unique meanings and formal logic based definitions organized into hierarchies. Will be utilized with next version of EMSTARS (Version 3). Will need to be harmonized with ICD 9 CM codes used in current EMSTARS version.	The US Edition of SNOMED CT is provided in UTF-8 encoded tab-delimited flat files which can be imported into any database or other software application. The US Edition of SNOMED CT is not software. NLM performs quality assurance checks to ensure that US Edition data fully conforms to both RF1 and RF2 specifications.	3rd Party - Online Resource https://www.nlm.nih.gov/healthit/snomedct/index.html	3rd Party	Multiple times annually	Clinical Terminology	Clinical Terminology Terminology contains concepts with unique meanings and formal logic-based definitions organized into hierarchies. Content is represented using three types of components: - Concepts representing clinical meanings that are organized into hierarchies. - Descriptions which link appropriate human readable terms to concepts. - Relationships which link each concept to other related concepts. Components are supplemented by Reference Sets, which provide additional flexible features and enable configuration of the terminology to address different requirements.
15	Data Team	U.S National Library of Medicine (NLM) -- Unified Medical Language System (UMLS)	Industry Standard Code Set -- RxNorm [Medicines / Terminology]	Provides normalized names for clinical drugs and links its names to many of the drug vocabularies commonly used in pharmacy management and drug interaction software. RxNorm now includes the National Drug File - Reference Terminology (NDF-RT) from the Veterans Health Administration. NDF-RT is a terminology used to code clinical drug properties, including mechanism of action, physiologic effect, and therapeutic category. Will be utilized with next version of EMSTARS (Version 3); will replace current home-grown medication code set with an industry standard code set. Will need to be harmonized.	Files are in Rich Release Format (RRF) and do not require the use of the MetamorphoSys program provided with the UMLS Knowledge Sources Files. The character set of RxNorm release files is Unicode UTF-8.	3rd Party - Online Resource https://www.nlm.nih.gov/research/umls/rxnorm/index.html	3rd Party	Weekly & Monthly	Drugs	Drugs Normalized names Links to drug vocabularies