

# Florida HEALTH

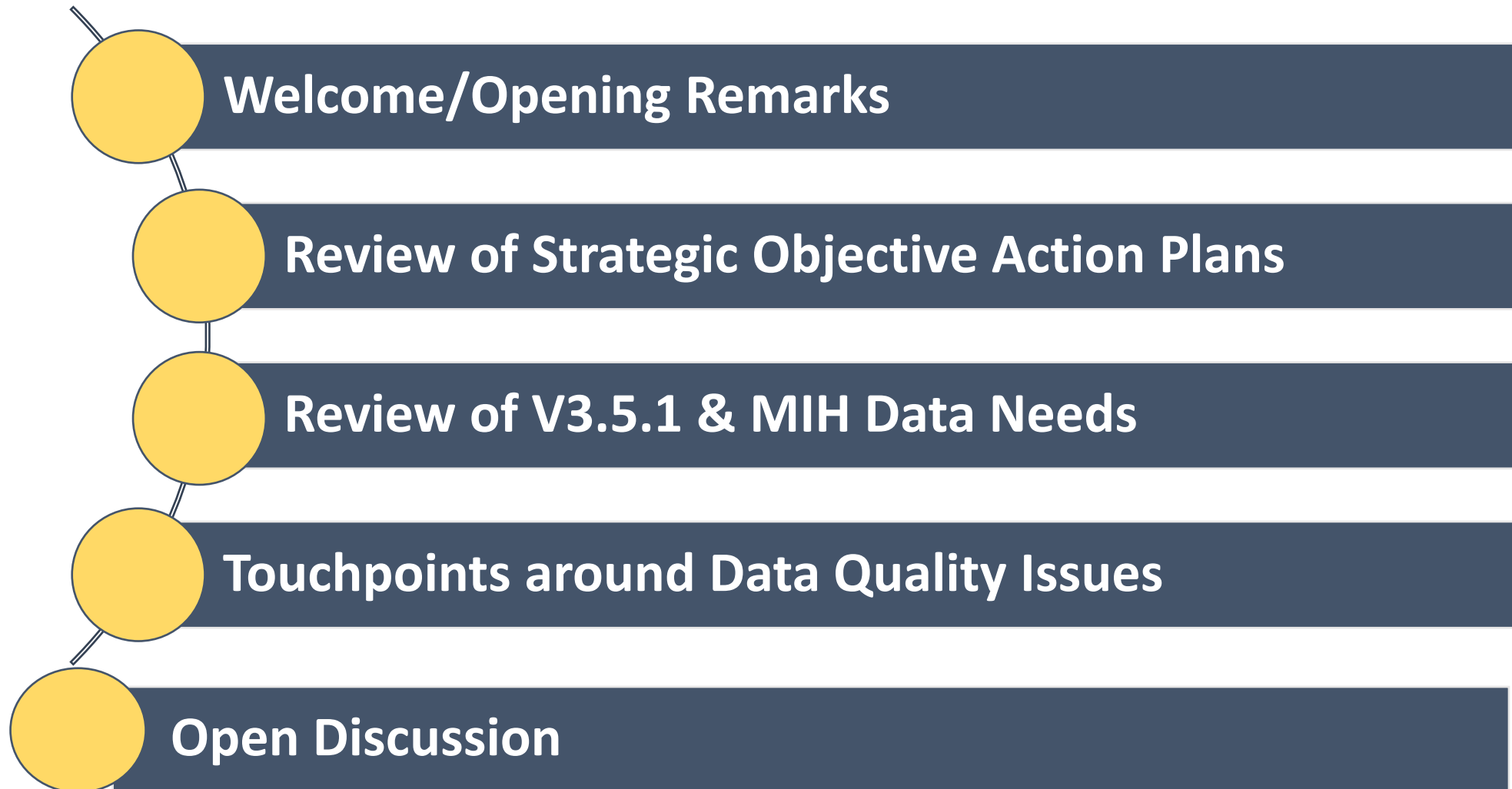
## Florida Emergency Medical Services Advisory Council

### Data Committee



**John Simpson, Chair**  
**June 11, 2025**

# EMSAC Data Committee Agenda





# Roll Call

# Roll Call



**Abrams, Chad**

**Byers, Patricia**

**Carney, Chris**

**Donatto, Darrel**

**Faul, Jacob**

**Fishe, Jennifer**

**Hendry, Phyllis**

**Jameson, Angus**

**Johnson, Colin**

**Judah, Lindsay**

**Leyna Lacognata**

**Glothlin, Jessica**

**Kruger, Robert**

**Lozano, Michael**

**Matzen, Brian**

**Pappas, Peter**

**Ransom, LuWayne**

**Serrao, Simon**

**Simpson, John, Chair**

**Staples, Ryan**

**Taylor, Michael**

**Tedesco, Anthony**

**Vass, Debbie**

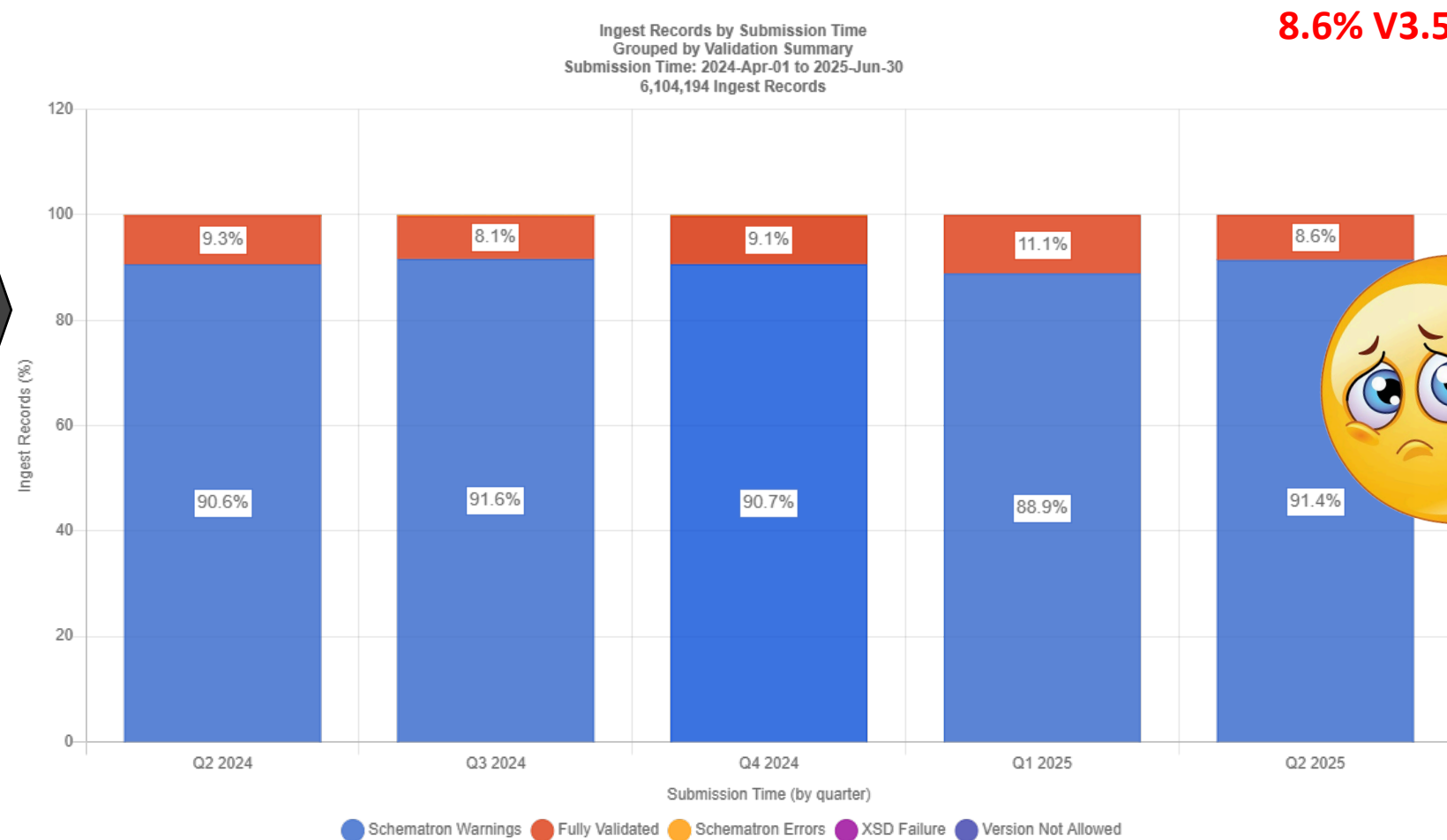
# **Review of Strategic Plan Objectives**





**Objective 1.1.C**

**Increase the percentage of data submission quality, specifically fully validated submissions from 38% to 90% by December 31, 2028**



# Objective 1.1.C - Increase the percentage of data submission quality, specifically fully validated submissions, from 38% to 90% by December 31, 2028

## Objective 1.1.C

ACTION PLAN



- |  |
|--|
| • Develop Strategic Plan Implementation Plan   |
| • In coordination with Bureau, develop Data Committee communique to agencies of objective and how it is measured |
| • Implement process of regularly communicating most common warnings statewide for distribution                   |
| • Develop standard report of validation results by agency to be provided or acquired by agencies monthly         |
| • Advertise and confirm the feedback loop for business rule issues/resolutions/changes                           |
| • Monitor Validation results quarterly   |



Completed



Completed  
agency  
training



Implemented  
standard  
report



Implemented  
regional  
dashboard

# Your Warning Report

*Where to find it on biospatial*

<https://app.biospatial.io/link/fc367831-283d-4a9a-841a-89855a93acb0>

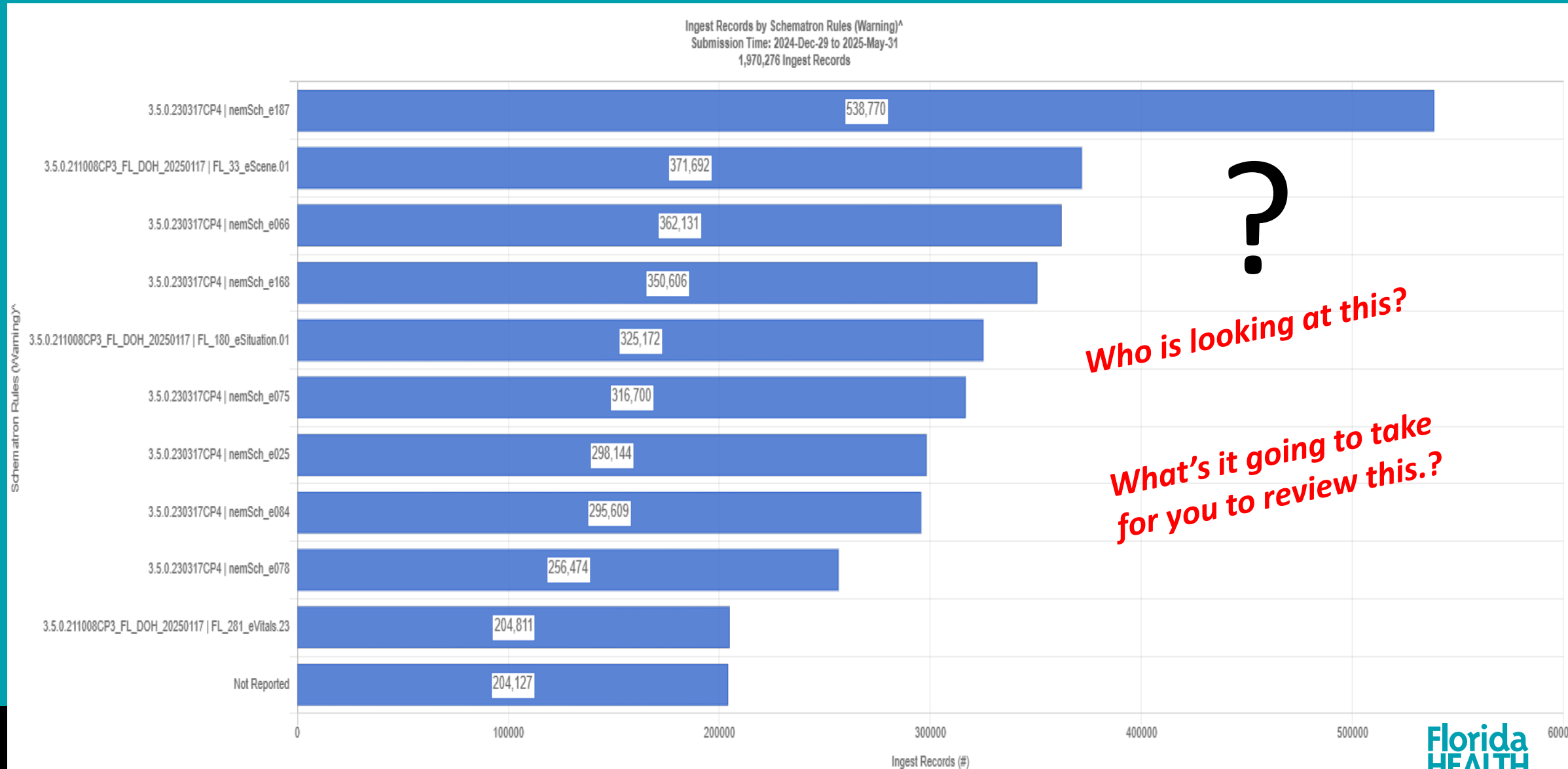
*Save this report*

*How to use it*

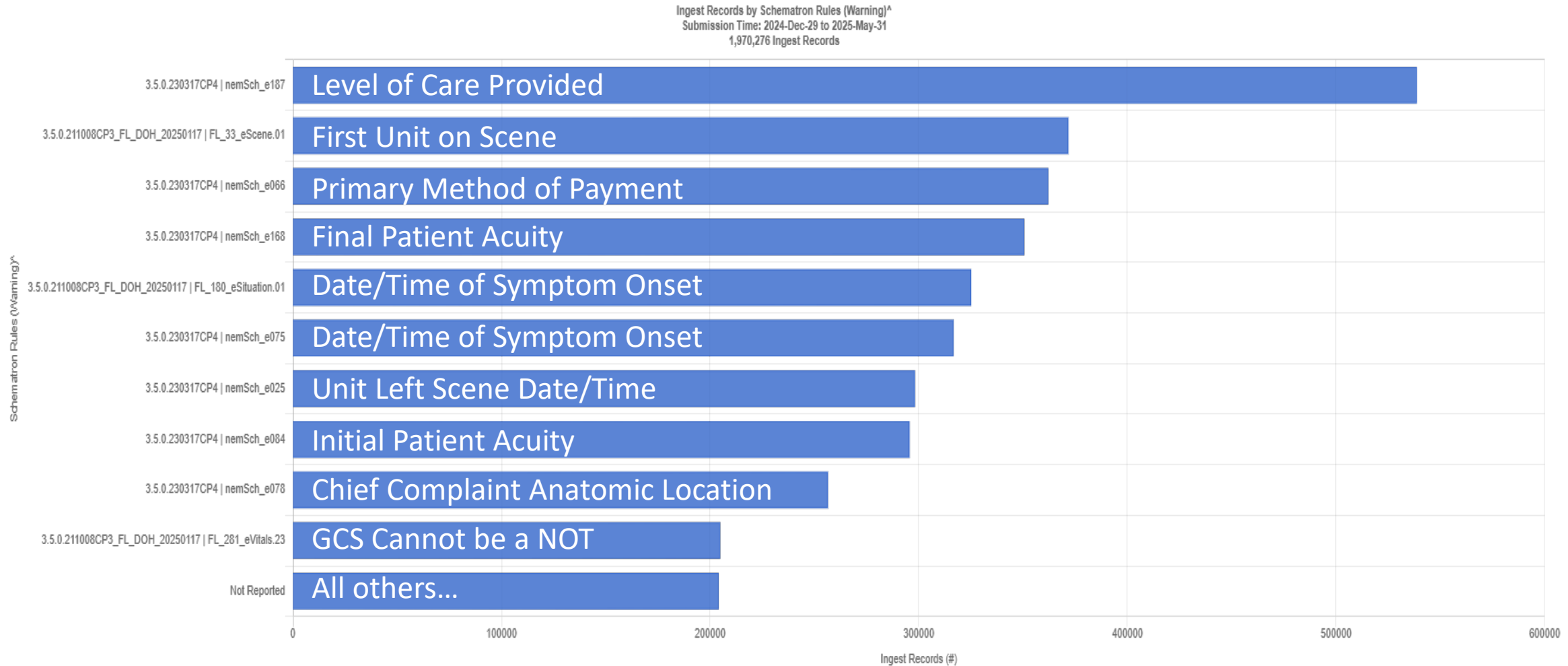




# Warnings Report Looks like this...



# Warnings Report....



# DOH Internal Warnings Dashboard....

*A tool designed to provide Regional Coordinators with additional insight into EMS warning messages to help us identify recurring issues, improve data quality, and enhance operational efficiency.*

## Dashboard Overview:

This tool provides visibility into **warnings received in EMS ePCR reports**, allowing users to analyze data across key dimensions:

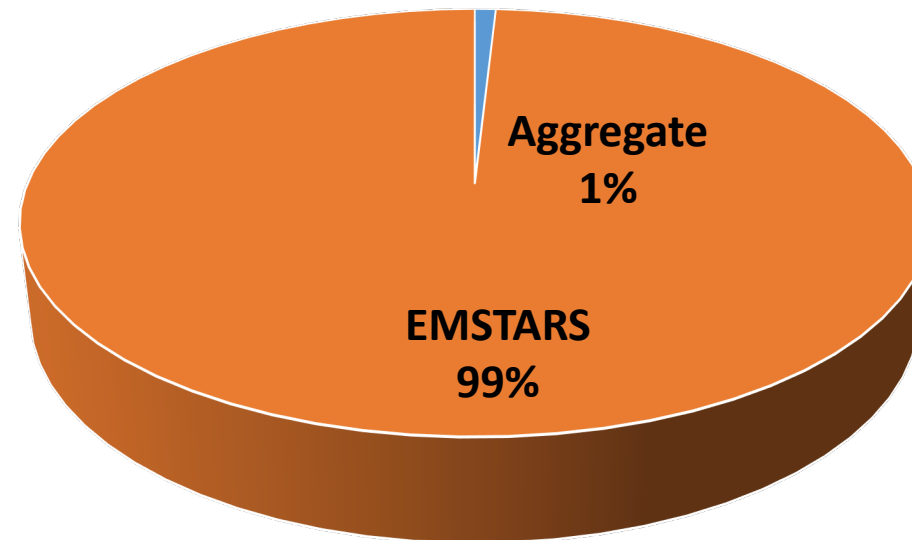
- **Region** – Displays the number of records with warnings by coordinator across Central, Northeast, Panhandle, Southeast, Southwest, and Out of State.
- **Area** – Allows selection of **rural** or **urban** counties for targeted analysis.
- **Agency** – Shows warnings per agency within a selected time period.
- **Software** – Displays records with warnings per **Software Company**.
- **Type of Rule** – Identifies the volume of warnings per rule type.
- **Month** – Tracks trends in warnings by month.

 **Public Dashboard Release** – A similar version will be published on the **EMSTARS webpage**, showing data **by region (RDSTF) excluding agency details**.



## Objective 1.1.D

**Increase the percentage of electronic patient care records (ePCR) submitted to the EMS Tracking and Reporting System (EMSTARS) from 79% to 95% by December 31, 2028.**





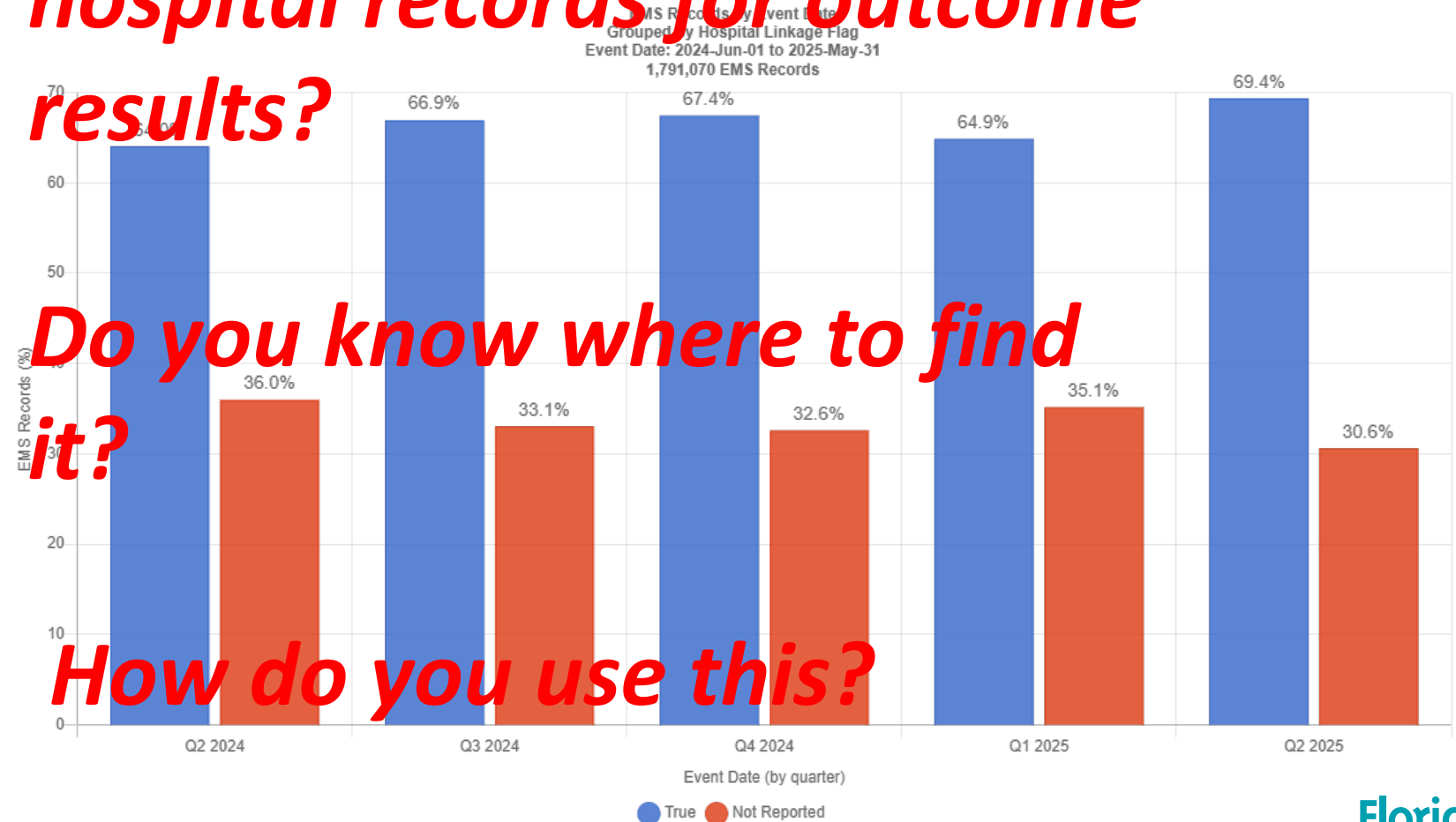
## Objective 1.4.A

Increase the percentage of Health Information Exchange (HIE) outcome data matching to EMS records from 21% to 75% by December 31, 2028.

*Do you look at matched hospital records for outcome results?* **69%**

*Do you know where to find it?*

*How do you use this?*



## Objective 1.4.A

Increase the percentage of Health Information Exchange (HIE) outcome data matching to EMS records from 21% to 75% by December 31, 2028.



## Objective 1.4.A

ACTION PLAN



- Identify/confirm HIE data matching elements



Completed

- Perform data analysis on matching elements



Initial Analysis complete

- Identify areas for improvement



Initial opportunities for improvement identified

- Develop plan for improvements

# HIE Matching and Facility data analysis

## ANALYSIS OF HIE MATCHING AND FACILITY ELEMENTS

	Year			
First Name Availability	2023	2024	2025	Grand Total
RECORDED	98.29%	98.34%	98.49%	98.35%
NOT RECORDED	1.71%	1.65%	1.50%	1.65%
NOT VALUE	0.00%	0.01%	0.00%	0.01%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Year			
Last Name Availability	2023	2024	2025	Grand Total
RECORDED	98.27%	98.33%	98.48%	98.33%
NOT RECORDED	1.73%	1.66%	1.51%	1.66%
NOT VALUE	0.00%	0.01%	0.00%	0.01%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Year			
Gender Availability	2023	2024	2025	Grand Total
RECORDED	99.95%	99.86%	99.90%	99.90%
NOT VALUE	0.05%	0.14%	0.10%	0.10%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Year			
SSN Availability	2023	2024	2025	Grand Total
RECORDED	45.82%	43.23%	41.82%	43.99%
NOT RECORDED	35.08%	39.39%	42.80%	38.30%
INVALID	19.11%	17.38%	15.38%	17.70%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Year			
DOB Availability	2023	2024	2025	Grand Total
RECORDED	97.80%	97.95%	98.15%	97.93%
NOT RECORDED	2.20%	2.05%	1.85%	2.07%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Year			
State Availability	2023	2024	2025	Grand Total
FLORIDA	96.58%	99.12%	99.40%	98.17%
NOT VALUE	3.26%	0.73%	0.46%	1.68%
NOT FLORIDA	0.16%	0.15%	0.14%	0.15%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Years			
Street Address Availability	2023	2024	2025	Grand Total
RECORDED	97.01%	99.59%	99.77%	98.61%
NOT RECORDED	2.99%	0.41%	0.23%	1.39%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Years			
Facility Name Availability	2023	2024	2025	Grand Total
RECORDED	90.01%	85.05%	86.48%	87.25%
NOT RECORDED	5.87%	9.24%	8.22%	7.93%
INVALID	3.43%	4.94%	3.52%	4.10%
NOT VALUE	0.70%	0.77%	0.68%	0.73%
Grand Total	100.00%	100.00%	100.00%	100.00%

	Year			
Vendor Name	2023	2024	2025	Grand Total
ZOLL	22.71%	20.75%	18.97%	21.21%
ESO	7.22%	29.58%	29.71%	20.83%
ImageTrend, Inc.	13.40%	20.90%	21.84%	18.12%
ESO Solutions	19.82%	0.13%	0.02%	7.83%
Documed Systems Intl., Inc.	8.44%	7.67%	5.85%	7.65%
Saffire Software, Inc.	3.96%	8.40%	8.54%	6.68%
Epr Systems USA Inc	3.68%	4.52%	7.89%	4.79%
American Medical Response	6.73%	1.30%	0.00%	3.20%
Traumasoft LLC	1.85%	3.25%	3.94%	2.83%
Digitech Computer LLC	2.51%	2.60%	2.31%	2.52%
Open, Incorporated	4.65%	0.13%	0.00%	1.88%
emsCharts	3.67%	0.11%	0.00%	1.49%

# Objective 1.5.A – Increase the number of peer-reviewed EMS-related journal articles to which the Department contributed from 0 to 25 by December 31, 2028.



## Objective 1.5.A

ACTION PLAN



- Implement process for DUA tracking (requests, approvals, publications, etc.)
- Survey past DUA's for publication results
- Develop process for publicizing project results



*In Progress*



# Objective 5.1.A – Increase the number of EMS research projects that the Department participates in from 3 to 5 by December 31, 2028.



## Objective 5.1.A

ACTION PLAN



- Clarify/define “participation” criteria – does this include data contribution, SME, co authorship or analytical support?
- Identify research topics, (emerging trends, gaps or high-value questions)
- Maintain an inventory of completed research projects with Dept involvement

**No  
Progress  
to Report**

# Objective 5.2.B – Increase the number of predictive analytical reports from 0 to 10 by December 31, 2028



## Objective 5.2.B

ACTION PLAN



- Clarify/define “predictive analytical report” - standard definition
- Survey major stakeholders to determine previously developed predictive analytical report
- Maintain an inventory/repository of completed projects
- Foster Predictive Analytical Projects by prioritization of predictive methodologies

**No  
Progress  
to Report**

**Objective 5.2.C Increase the number of collaborative programs with county health departments bi-directionally exchanging bio-surveillance data with EMS providers to identify emerging health threats from 1 to 67 by December 31, 2028.**



## **Objective 5.2.C**

ACTION PLAN



- Review EMS Survey questions to determine needed modifications/additions
- Review current year results for action item development
- Coordinate with ESSENSE Team to determine current collaborative activities in County Health Departments



Updated  
Survey  
Question

# Goal 1.4 - Enhance Data Systems and Linkages to Provide the Infrastructure to Facilitate Data Driven Advancement of EMS Care



## Goal 1.4

ACTION PLAN



- Complete planned bidirectional link with Florida Stroke Registry
- Reestablishment of Crash Record Linkage via a new MOU
- Implement Cares Export



*In Progress*  
Received FSR Data  
Dictionary for review  
for data needs



*In Progress*



*In Progress*

**What other linkages are you interested in?**

# NEXT STEPS



- **Need for “Data Committee Champions” to each objective to work with Leadership and Data Team to ensure movement/modifications to action items**

**Who wants to step up?**



**Discussion  
of V3.5.1  
and MIH  
Data Needs**



# Reminder - Executive Order Changes



It is Florida's intent to be in compliance with the President's Executive Order; therefore, the following changes are being made to the Florida Data Dictionary.

- **Elements *ePatient.13 - Gender* and *dPersonnel.12 - EMS Personnel's Gender*** will be labeled as “deprecated,” meaning they will no longer exist in the data standard.
- **New elements *ePatient.25 - Patient's Sex* and *dPersonnel.40 - Personnel's Sex*** will be added, allowing code values for Female, Male, Unknown.

EMS agencies and vendors will be expected to submit data in compliance with these revised standards as vendors implement the changes later this month.



# Critical Patch and V3 Timeline



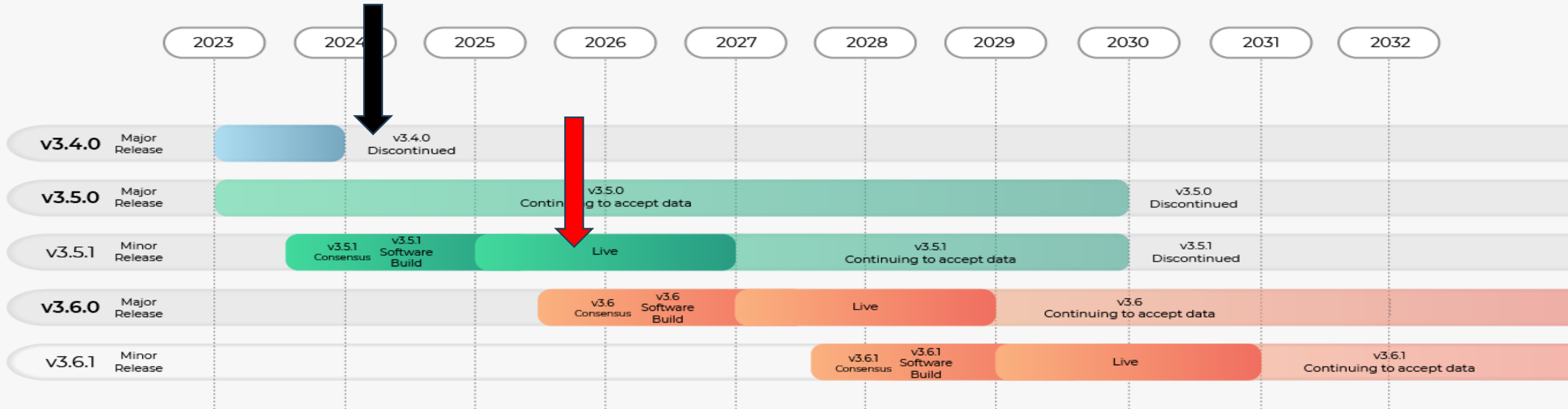


# NEMSIS 3.5.1





## EMS Data Standard Versioning 10-Year Project Plan



### Legend

**Consensus:** Stakeholders review and reach agreement on revisions.

**Software Build:** Software developers create and release tools for the new version.

**Live:** Version is complete, software is available, and data can be submitted to the TAC.

**Continuing to accept data:** Records in this version are accepted by the TAC.

**Discontinued:** Records in this version are no longer accepted by the TAC.

*January 2023, supersedes previous drafts. Calendaring represents approximate start/end dates and should not be construed to represent a set schedule. Actual schedules will be developed as milestones approach. Last Updated: April, 2024*

### Type of Release

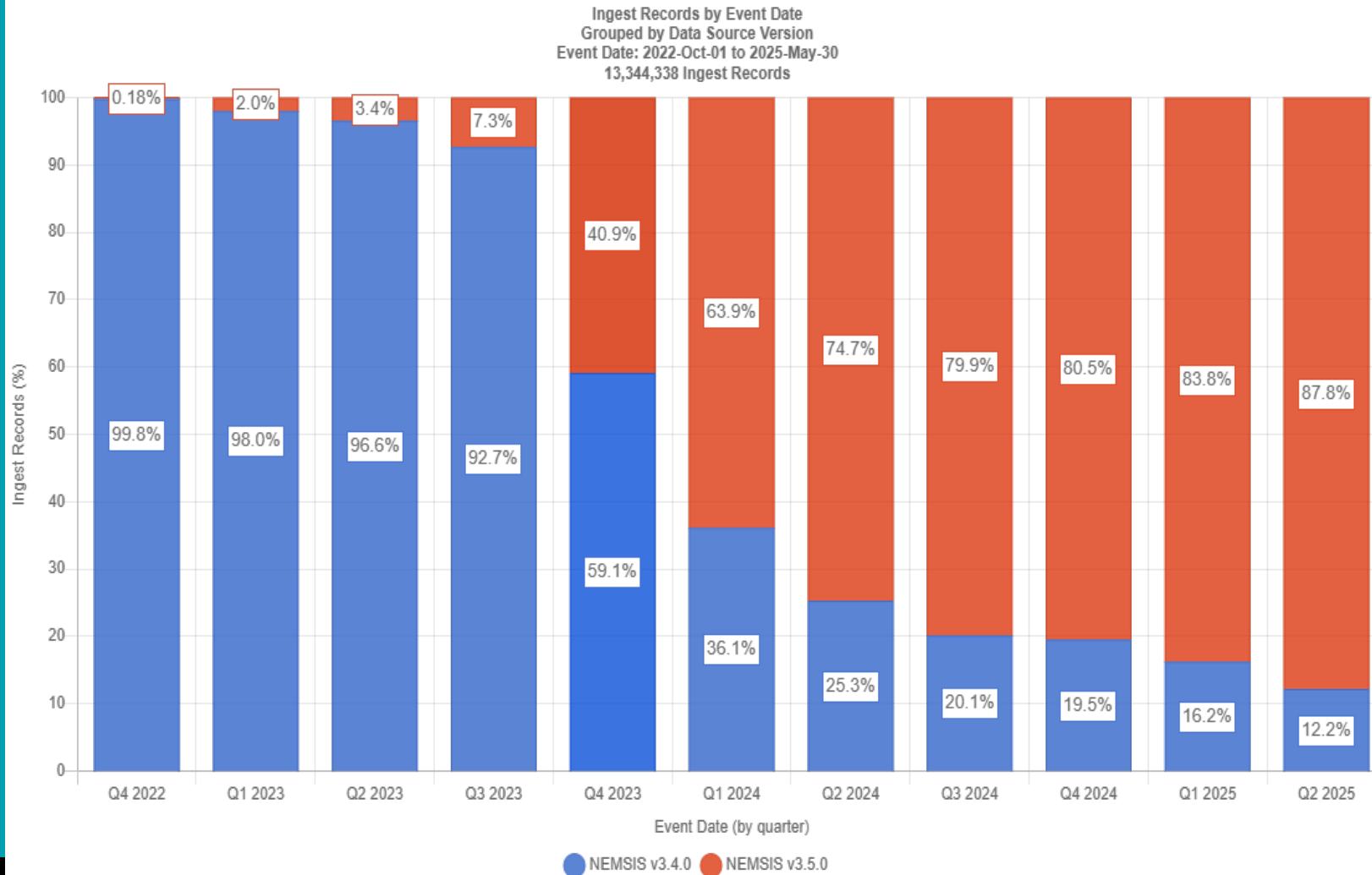
**Informational Release:** Includes corrections to the dictionary (e.g., typos, comments, update links). The release is "backwards compatible" (e.g., ePCR record generated in v3.5.0 is valid in v3.5.1).

**Minor Release:** Includes changes that are more permissive to the data standard (e.g., new optional elements or changing an error to a warning). The release is "backwards compatible".

**Major Release:** Includes changes that may be more restrictive (e.g., upgrading an element from state or optional to national). This release is NOT "backwards compatible" to the previous version.

**Critical Patch:** Corrects security or functionality that seriously compromises the daily function of the standard. Released as needed.

# V3.5.1 is Coming.....



Row Labels	Count of Vendor Name
CreativeEMS	1
EMS Consultants, LTD	3
Epr Systems USA Inc	3
ESO Solutions	14
Image Trend	15
Not Reported	2
Traumasoft LLC	4
Zoll	14
Grand Total	56

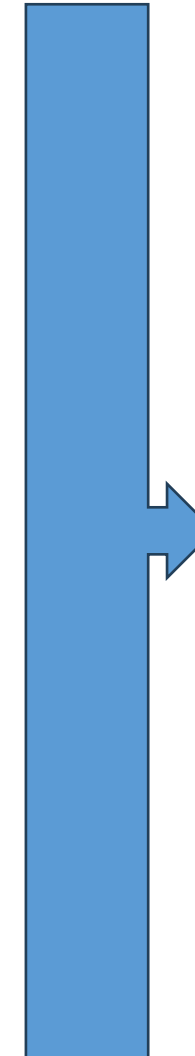
**Still have 56  
agencies  
reporting under  
V3.4**



# What's in V3.5.1



• <b>New Elements</b>	<b>12</b>
• <b>Definition Change</b>	<b>15</b>
• <b>New Field Value/code list/PN</b>	<b>16</b>
• <b>Field Description /Name</b>	<b>3</b>
• <b>Field Value Change</b>	<b>4</b>
• <b>Field Value Description</b>	<b>7</b>
• <b>Data Element Comment Change</b>	<b>7</b>
• <b>Data Element Comment Change URL</b>	<b>25</b>
• <b>Pattern change</b>	<b>4</b>



**Committee  
Review  
July**

# Florida's V3.5.1 Timeframe



- **Data Committee must finalize the V3.5.1 Data Dictionary for EMSAC approval by October meeting.**
- **Florida could begin receiving V3.5.1 submissions by 4<sup>th</sup> qtr 2025. (exact date TBD)**
- **Florida will continue to accept V3.5**
- **Florida agencies submitting V3.4 should migrate asap to the current version by 4<sup>th</sup> qtr 2025**



**Another data topic**

**MIH Data Needs**

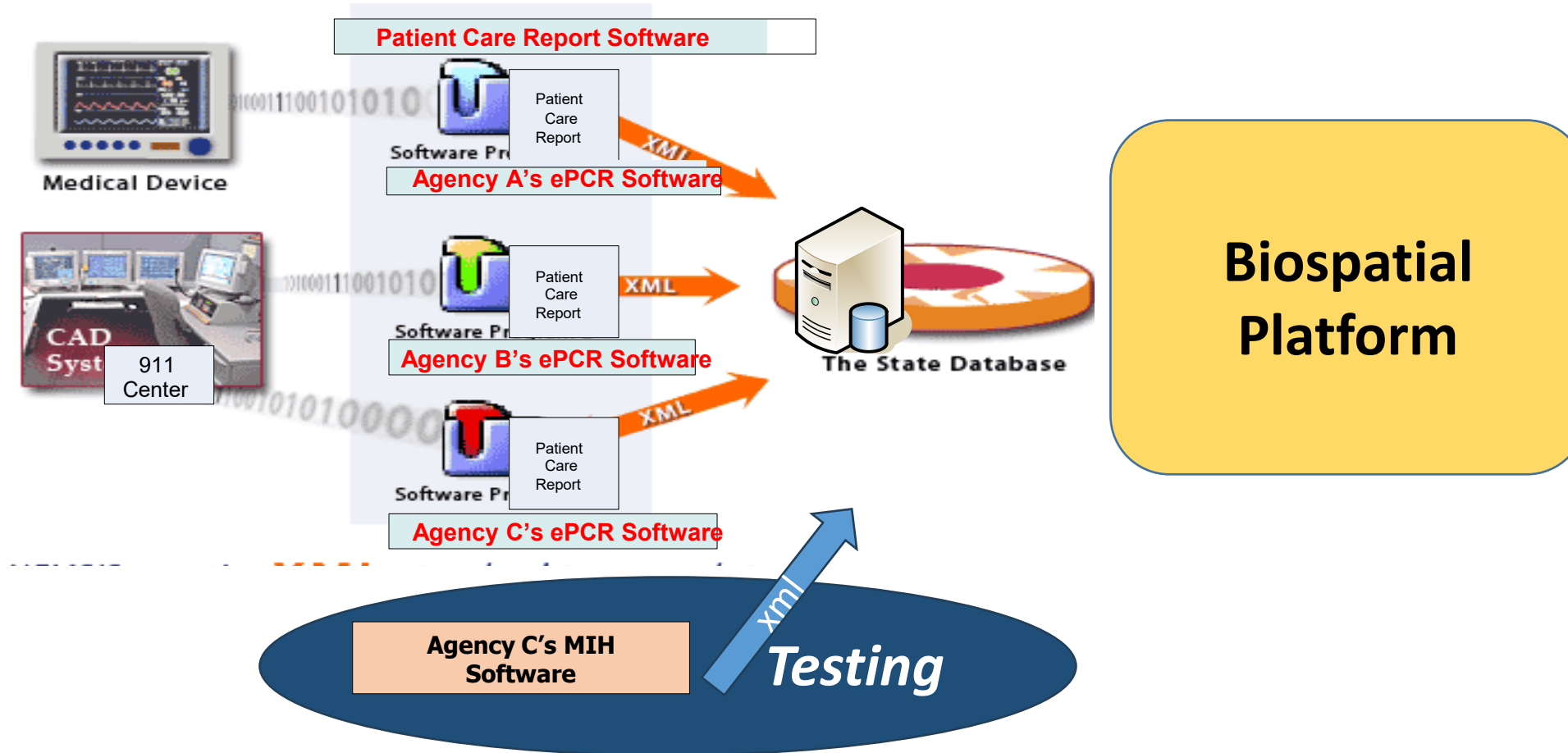
# MIH Data Discussion



## Goals

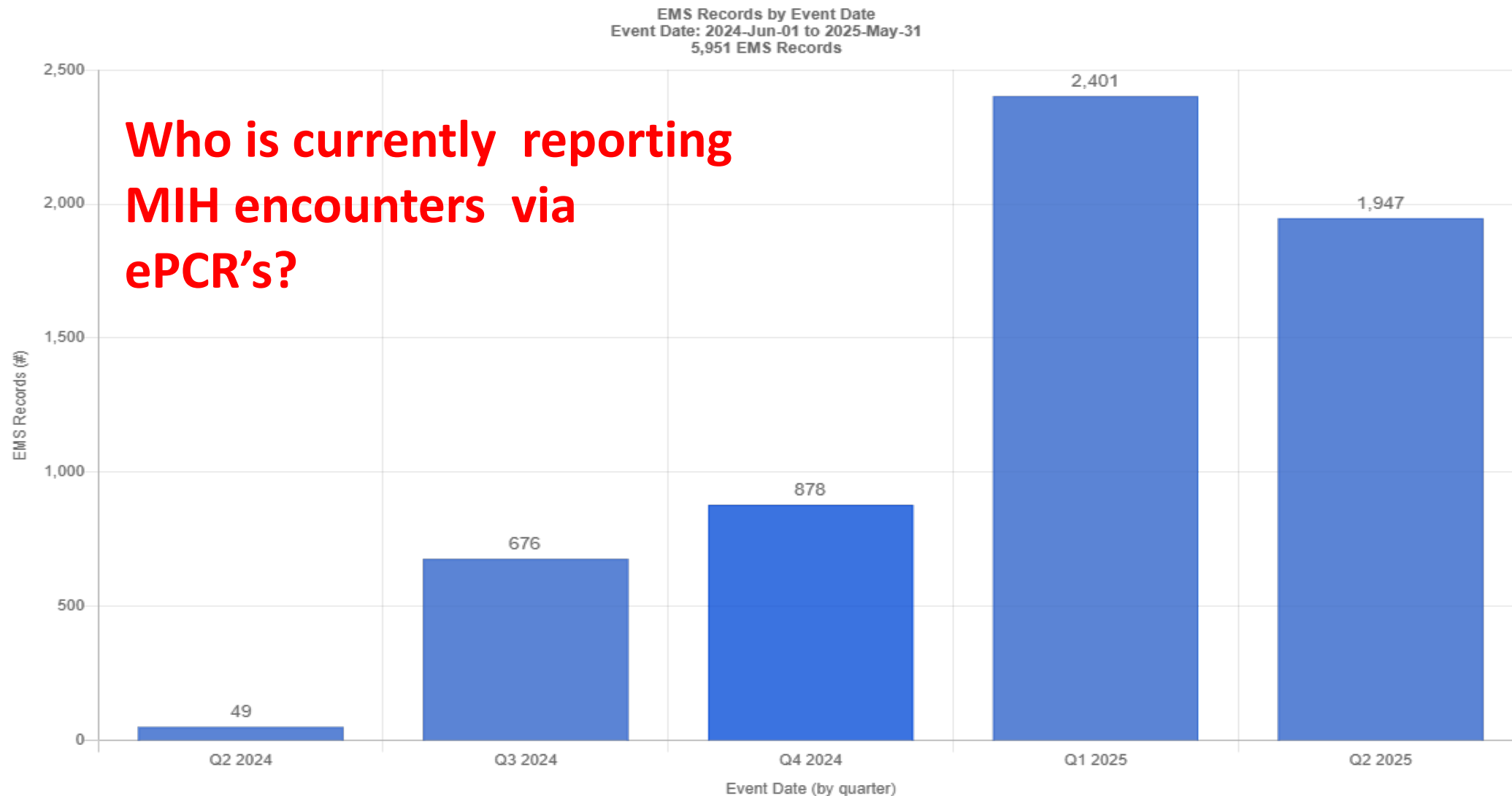
- **Identify/collect essential data elements of CP/MIH programs**
  - Operational
  - Clinical
  - Administrative
- **Prevent the duplication of data entry for:**
  - Emergency Medical Services
  - Fire
  - Hospitals
  - Agencies
  - Payor Personnel
- **Establish an MIH/CP standard**
  - Start collecting data the same way for MIH/CP in the EMS industry
  - Allow for sharing data cleaner between vendors and stakeholders

# Methods of Documenting CP/MIH





# Current MIH EMSTARS Reporting



# Documenting CP/MIH with EMSTARS



eResponse.05

State

National

Patient Demographics

Clinician Impressions

Symptoms (ICD-10-CM)

Procedures (SNOMED CT)

Medications (RxNORM)

Narratives (non-National)

## eResponse.05 - Type of Service Requested

### Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E02_04	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

### Associated Performance Measure Initiatives

Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma

### Code List

Code	Description
2205001	Emergency Response (Primary Response Area)
2205003	Emergency Response (Intercept)
2205009	Emergency Response (Mutual Aid)
2205005	Hospital-to-Hospital Transfer
2205015	Hospital to Non-Hospital Facility Transfer
2205017	Non-Hospital Facility to Non-Hospital Facility Transfer
2205019	Non-Hospital Facility to Hospital Transfer
2205007	Other Routine Medical Transport
2205011	Public Assistance
2205013	Standby
2205021	Support Services
2205023	Non-Patient Care Rescue/Extrication
2205025	Crew Transport Only
2205027	Transport of Organs or Body Parts
2205029	Mortuary Services
2205031	<u>Mobile Integrated Health Care Encounter</u>
2205033	Evaluation for Special Referral/Intake Programs
2205035	Administrative Operations





# Incorporating Additional CP/MIH Elements

Custom Elements

National Custom Elements

Developing NEMSIS TAC Modules - **Aug/25**

Stand Alone Modules

Version into the National Standard

**Florida's MIH custom elements**

Legend

Dataset Level:

N

National

S

State

D

Deprecated

Usage:

M

M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes:

N

N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

eCustomConfiguration

0 : M

eCustomConfiguration.CustomGroup

1 : 1

eCustomConfiguration.01 - Custom Data Element Title

M

1 : 1

eCustomConfiguration.02 - Custom Definition

M

1 : 1

eCustomConfiguration.03 - Custom Data Type

M

1 : 1

eCustomConfiguration.04 - Custom Data Element Recurrence

M

1 : 1

eCustomConfiguration.05 - Custom Data Element Usage

M

0 : M

eCustomConfiguration.06 - Custom Data Element Potential Values

O

0 : M

eCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV)

O

0 : M

eCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN)

O

0 : 1

eCustomConfiguration.09 - Custom Data Element Grouping ID

O

eCustomConfiguration

# SUMMARY OF RECOMMENDED MIH CUSTOM ELEMENTS



NEMSIS Element	Florida Element Number	Element Name
CP_MIH_13 - MIH/CP Visit Reason	ceMIHServices	MIH Services
CP_MIH_16 - MIH/CP Stage Visit	ceMIHVisitType/Stage	MIH Visit Type/Stage
ceVisitMethodType_Visit method	ceVisitMethodType	Visit method
ceTeleHealth_Telehealth used on scene	ceTeleHealth	Telehealth used on scene
CP_MIH_17 - Referral Source	ceEncounterReferral	Referral In
CP_MIH_18 - Additional Recommended services for Patients	ceResourceConnections	Resource Connections
CP_MIH_22 - Factors Influencing Health status (z codes)	ceBarriersToPatientCare	Barriers To Patient Care
CP_MIH_27 - US Military Service	ceMilitaryService	Military Service
CP_MIH_01 - cePatientIdentifier	cePatientIdentifier	Patient Identifier
CP_MIH_28 - VA Benefits/Services	ceVABenefitsService	VA Benefits/Services

# Next Steps



- **Monitor NEMSIS progress with 3.5.1 implementation and MIH standard definitions**
- **Data Committee to meet in July and August to review/vote on V3.5.1 and MIH recommended Data dictionary Changes**
- **Prepare 3.5.1 DD for EMSAC approval**

# Data Quality Touchpoints



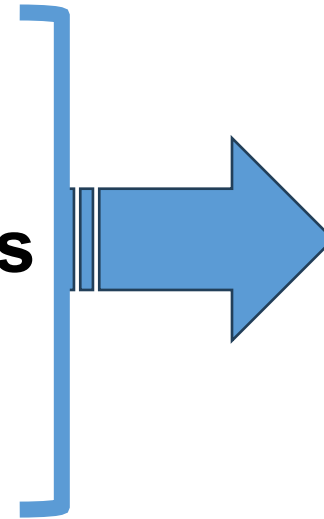
# Continuing the Data Quality Focus





## Identify & Understand the Issues

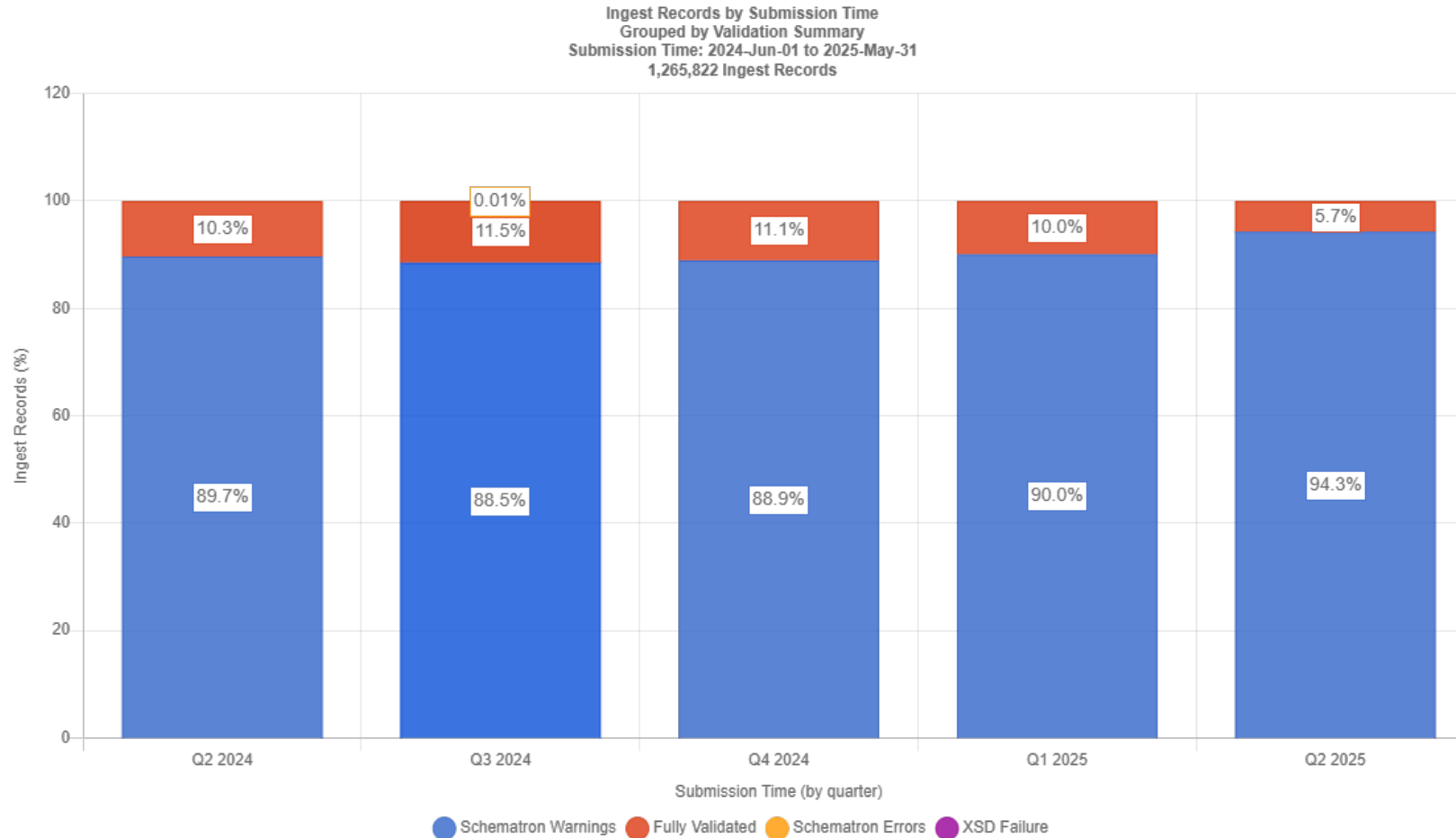
1. Top warnings data quality issues
2. Strategic measure data quality issues
3. Stroke related data quality issues



**Plan &  
Take Action**



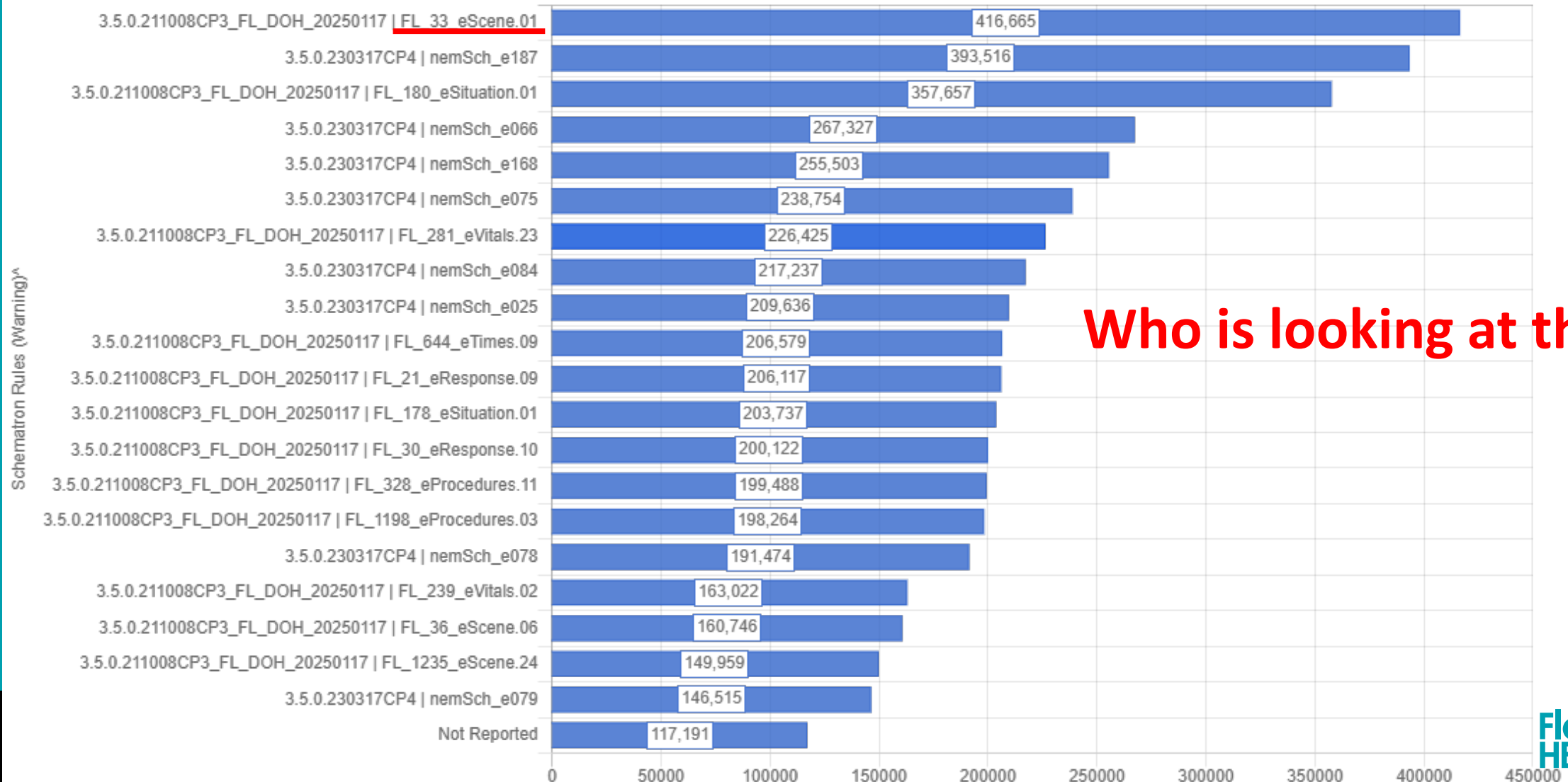
# Touchpoint 1 – “Selected Agencies” Warnings/Validation Score



# Selected Agency top warnings



Ingest Records by Schematron Rules (Warning)^  
Submission Time: 2025-Feb-20 to 2025-May-21  
1,310,974 Ingest Records



Who is looking at this?

# Top Warnings



## FL33\_eScene.01 – First Unit On Scene



First EMS Unit on Scene (eScene.01) cannot equal a NOT Value when Unit Arrived on Scene (eTimes.06) has a date/time value.



Were you the first unit from **ALL** agencies on the scene – simple Yes or No answer. **Any of the “NOT” values will cause a validation warning.**

*Training slides  
Thank you to Sam & Dibo*



# Troubleshooting Warnings

Tips and Tricks for fixing the most common warnings





Most important – make sure the field causing  
the error is on your ePCR!!



Quite often the field you are missing is not active on your ePCR. Your vendor should be able to help you with this issue.

First Unit On Scene, Initial and Final Acuity questions are often not on the electronic EMS report. Instant error!!!



For any vital sign, the answer to Obtained Prior to this Units Arrival is either “Yes” or “No”.

Do not use the “NOT” values. You may be able to select them, but it will cause a warning.

You either did the care or someone did it before you got there.  
Makes it a simple Yes or No question.





For any procedure done or medication given, you  
need to enter the certification level and  
authorization of the provider

Provider -EMT, Paramedic, etc.  
Authorization - protocol, online, etc.



If you have a patient, you have a Glasgow –  
you get a 3 for just showing up!!

Software may default to None or Not Recorded.







If your patient is unconscious, then the best answer for many things is “Unable to Complete.”

Unresponsive is also an acceptable option in some cases.



## Document date/time of symptom onset

Many warnings are tied to this date/time missing from the report. Primary Symptom, Chief Anatomic Location, Chief Body System are among some of the many.





Figuring out the cause of the submission error isn't hard – usually. It just takes some thought on the why...



# Touchpoint 2 - Strategic Measures



## Strategic Measures 1.2.B

**Title:** STEMI On-scene Time 15 (FL)

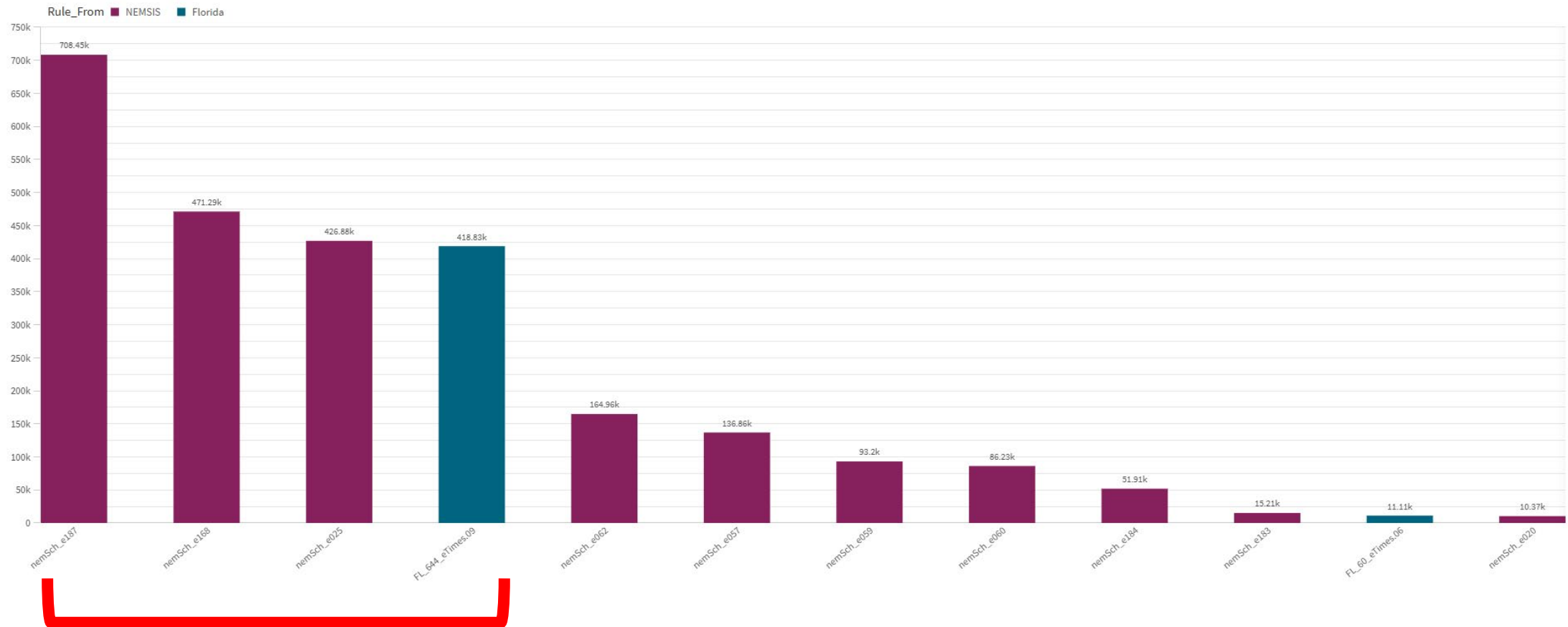
**Description:** Monitors the percentage of ST Elevation Myocardial Infarction (STEMI) alert events in which the on-scene time is less than or equal to 15 minutes.

**Numerator:** The difference between the **unit arrival on scene time** (E05\_06/eTimes.06) and the **unit left scene time** (E05\_09/eTimes.09) is less than or equal to 15 minutes.

**Denominator:**

- **NEMSIS v3:** The following must be true for a record to be considered:
  - Destination team pre-arrival alert or activation (eDisposition.24) is 4224013 "Yes-STEMI".
  - Patient evaluation/care (eDisposition.28) is 4228001 "Patient Evaluated and Care Provided".
  - Transport disposition (eDisposition.30) is 4230001 "Transport by This EMS Unit (This Crew Only)" or 4230003 "Transport by This EMS Unit, with a Member of Another Crew".

# Strategic Measure 1.2.B Warnings Dashboard



# Strategic Measure Warnings



nemSCH\_e187: Level of Care Provided per Protocol should be recorded (with a value other than "No Care Provided") when Patient Evaluation/Care is "Patient Evaluated and Care Provided".

nemSCH\_e168: Final Patient Acuity should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided".

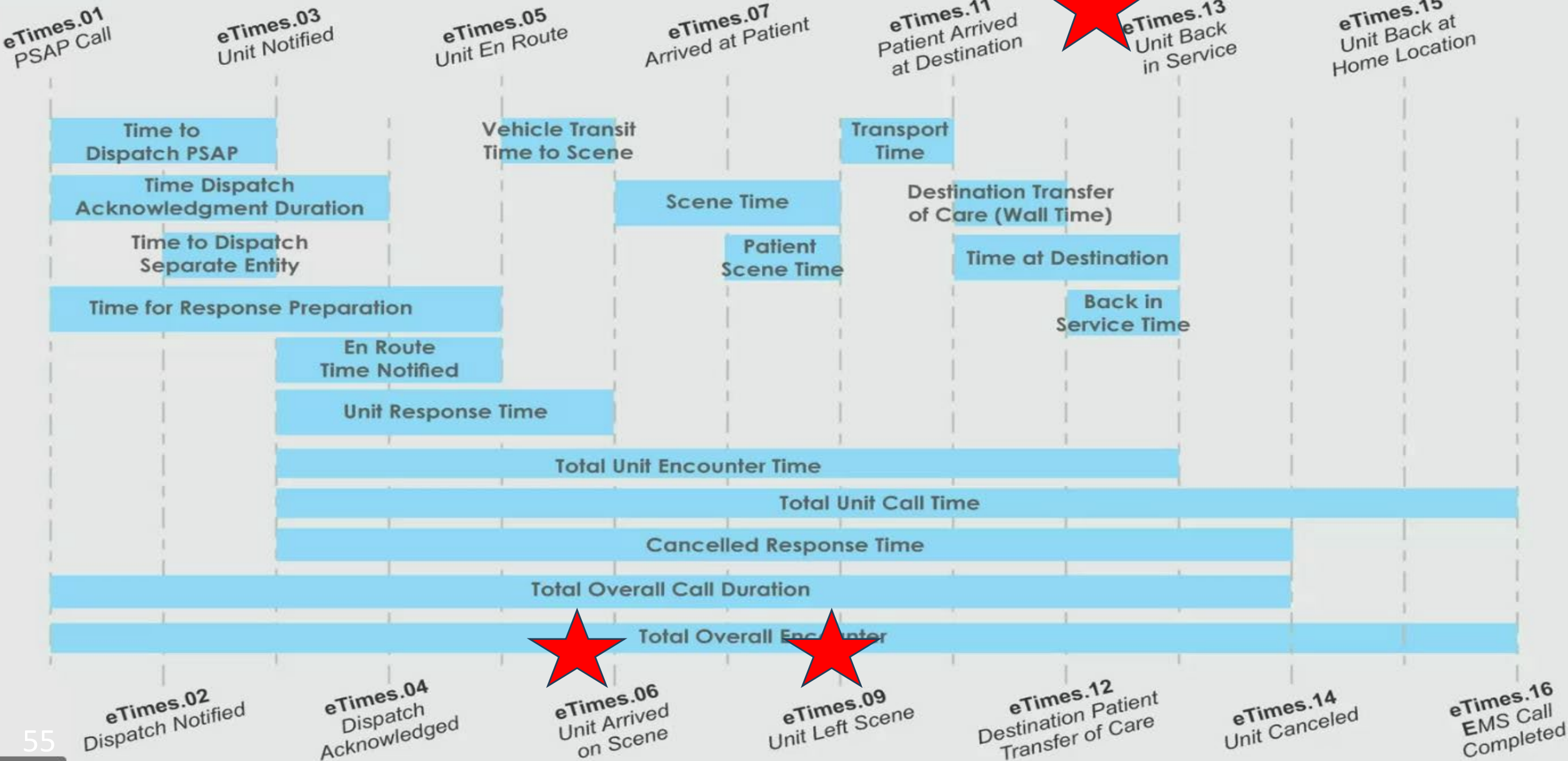
nemSch\_e025: Unit Left Scene Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene".

**FL\_644\_eTimes.09: Unit Left Scene Date/Time (eTimes.09) cannot equal a NOT Value when Unit Arrived on Scene Date/Time (eTimes.06) has a date/time value.**

*It's simple – if you arrived at a scene, you must record when you left the scene*



# EMS ENCOUNTER TIME DURATION DEFINITIONS



# Touchpoint 3 - Stroke data analysis

## Getting into the “weeds”

*Analysis of data that met Stroke Syndrome*



### Stroke Scale Score

#### Stroke Scale Score Status

	2023	2024	2025	Grand Total
Recorded	59.50%	69.32%	69.49%	65.44%
Not Recorded	26.93%	21.44%	20.48%	23.46%
Not Applicable	13.56%	9.24%	10.03%	11.10%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>



### Blood Glucose Level

#### Blood Glucose Level Status

	2023	2024	2025	Grand Total
Recorded	86.20%	90.90%	91.80%	89.19%
Not Recorded	10.92%	6.26%	5.81%	8.03%
Not Applicable	2.89%	2.84%	2.39%	2.78%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>



### Last known Well

#### Last Known Well Status

	2023	2024	2025	Grand Total
Recorded	49.06%	59.30%	66.00%	56.42%
Not Recorded	50.94%	40.70%	34.00%	43.58%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>



### Destination Team Pre Arrival Alert

#### Destination Team Pre Arrival Alert Status

	2023	2024	2025	Grand Total
Yes-Stroke (4224015)	69.64%	72.19%	73.12%	71.34%
NO (4224001)	17.54%	15.30%	14.75%	16.09%
Not Recorded (7701003)	11.45%	11.07%	10.63%	11.14%
Not Applicable (7701001)	0.33%	0.45%	0.49%	0.41%
Yes-Other (4224009)	0.53%	0.29%	0.23%	0.37%
Yes- Adult Trauma (4224003)	0.18%	0.26%	0.20%	0.22%
Yes- STEMI (4224013)	0.16%	0.15%	0.16%	0.16%
Yes-Sepsis (4224019)	0.04%	0.22%	0.26%	0.15%
Yes- Trauma General (4224017)	0.08%	0.05%	0.16%	0.08%
Yes- Cardiac Arrest (4224005)	0.04%	0.03%	0.02%	0.03%
Yes-Pediatric Taruma (4224011)	0.00%	0.00%	0.00%	0.00%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>



### Total GlasgowComaScore

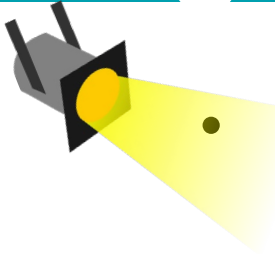
#### Total GlasgowComaScore Status

	2023	2024	2025	Grand Total
Recorded	97.04%	97.02%	97.39%	97.09%
Not Recorded	2.30%	1.95%	1.94%	2.09%
Not Applicable	0.67%	1.02%	0.68%	0.82%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>



# Some Next Steps

## Warnings & Business Rule Review



- **LOOK** at your warnings report
  - Business Rule subcommittee to review rules validation issues – **July**
  - Continue analysis on data quality
    - **Call the Data Team – we can help**
  - Share findings with strategic goal owners
  - Develop recommendations on improving validity issues on most common occurrence of rule violations

# Other Data Quality or coding issues

**Ideas for next meeting?**

# Open Discussion



**We appreciate your  
continued support.**

Brenda Clotfelter

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**Meeting Participant List**