

# Department of Health

**Florida Emergency Medical Services Advisory Council**

## **Data Committee**

**John Simpson, Chair**

**January 19, 2022**



# EMSAC Agenda

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- Welcome/Opening Remarks
- Review/Approval of Prior Meeting Record
- Joint Discussion FCOT/Trauma Quality Improvement Committee
- Review/Discussion State Plan/Action Items
- Review of EMSTARS Repository
- Review Florida V3.5 Data Dictionary & Implementation
- Review of Revised Biospatial Data Use Addendum



## Meeting Logistics

**Roll Call  
&  
Approval of  
Minutes**



# Overview/Joint Discussion

**FCOT / Trauma Quality Improvement Committee**

# State Plan Updates as of 8/4/21

Strategy	Objective (Measured Quarterly)
2.1 Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives	<p><b>A. Identify all categories of EMS services that are provided by EMS agencies (not collected via EMSTARS) and develop recommendations for the statewide collection and reporting of aggregate data by December 2025</b></p> <p><b>B. Increase % of all licensed agencies reporting to EMSTARS to 100% by December 2025.</b></p>
	<p><b>C. Develop an implementation plan to increase the number of automated data linkages between EMSTARS and other related databases by December 2025</b></p> <p><b>C.1 Research and make a recommendation for the most up-to-date and accurate method of performing EMS to other EHR data linkage (deterministic vs probabilistic linkage; use of multiple imputation, etc.)</b></p>
	<p><b>D. Of those EMS Runs submitted to EMSTARS; Increase % of NEMESIS V3.4 or higher to 95% by December 2025.</b></p>
	<p><b>E. Increase % of V3 EMS run reports received within 10 hours of the run to 85% by December , 2025.</b></p>

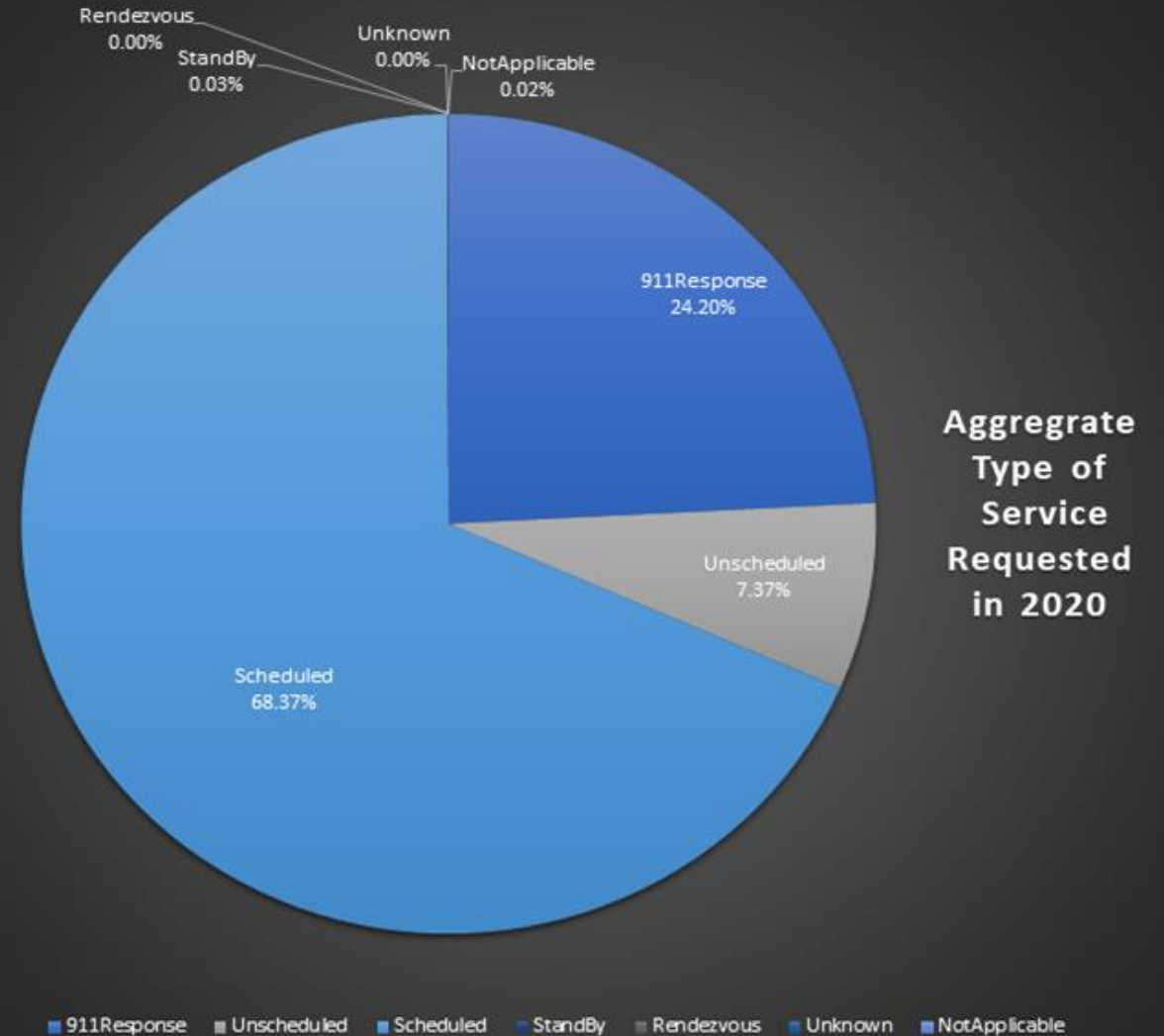


# State Plan Objective

A. Identify all categories of EMS services that are provided by EMS agencies (not collected via EMSTARS) and develop recommendations for the statewide collection and reporting of aggregate data by December 2025

## Aggregate 2020

Scheduled - 68.37 %  
911 - 24%  
7.37 % - Unscheduled  
.026% - Other

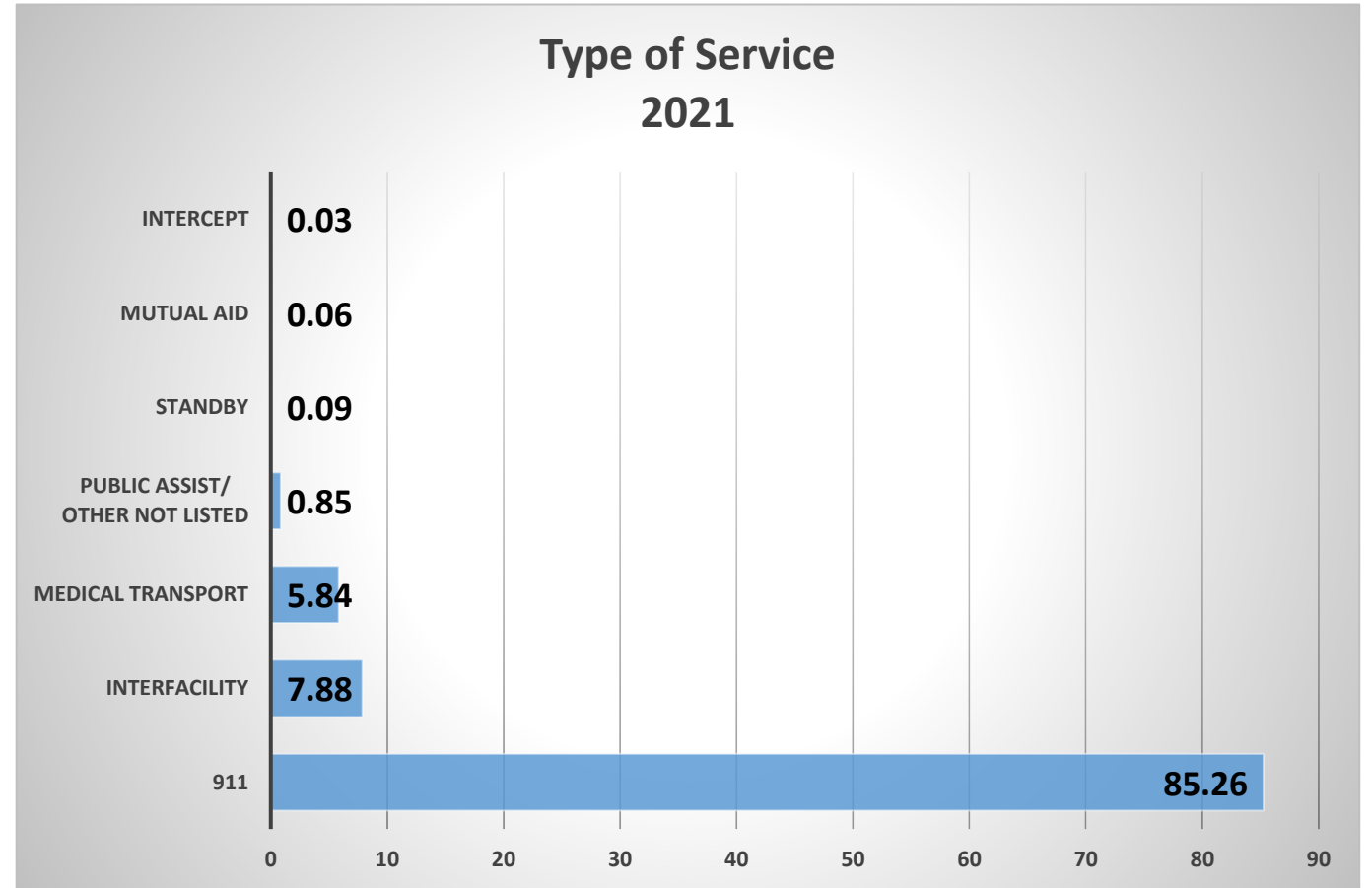


**A. Identify all categories of EMS services that are provided by EMS agencies (not collected via EMSTARS) and develop recommendations for the statewide collection and reporting of aggregate data by December 2025**

**EMSTARS 2021**

**85% - 911**

**15% - Other types (up 1%)**

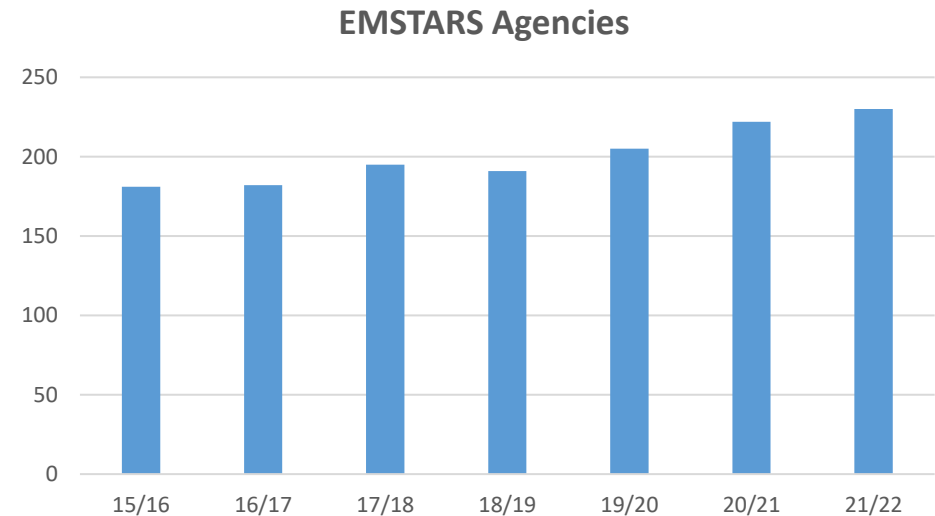


# State Plan Objective

**B. Increase % of all licensed agencies reporting to EMSTARS to 100% by December 2025.**

**75.83%**

302 total agencies  
230 in EMSTARS  
73 in Aggregate  
*(moved 5 this qtr.)*





# State Plan Objective

**C. Develop an implementation plan to increase the number of automated data linkages between EMSTARS and other related databases by December 2025**

**C.1 Research and make a recommendation for the most up-to-date and accurate method of performing EMS to other EHR data linkage (deterministic vs probabilistic linkage; use of multiple imputation, etc.)**

Current,

- Crash
- HIE

**Action Items:**

**Conduct Linkage Needs Assessment**

*Dr. Fish, Ian Womack, Brenda, John and Rodney*

**Develop Linkage Methodology**

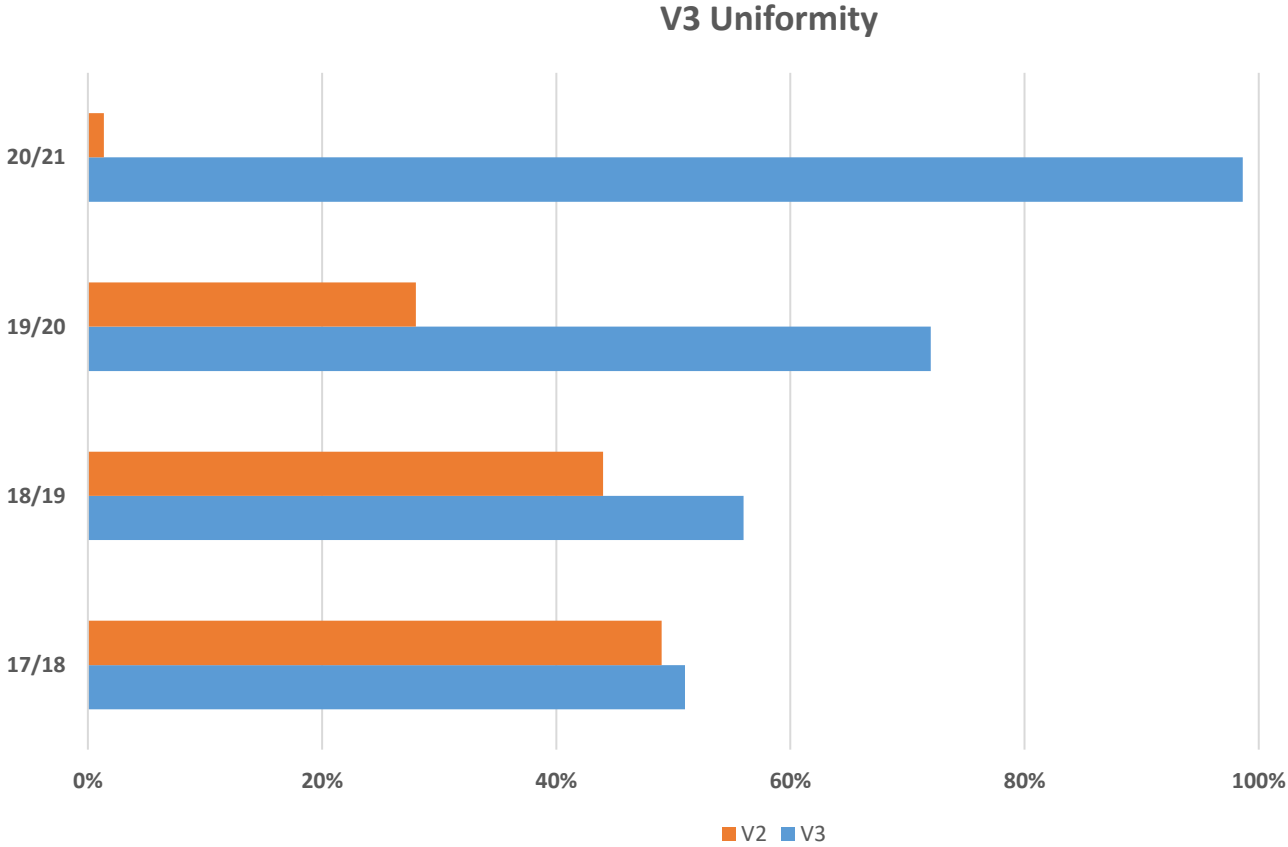
**Develop implementation plans**

# State Plan Objective

C. Of those EMS Runs submitted to EMSTARs; Increase % of NEMSIS V3.4 or higher to 95% by December 2025.

**99.13%**  
*(up 1%)*

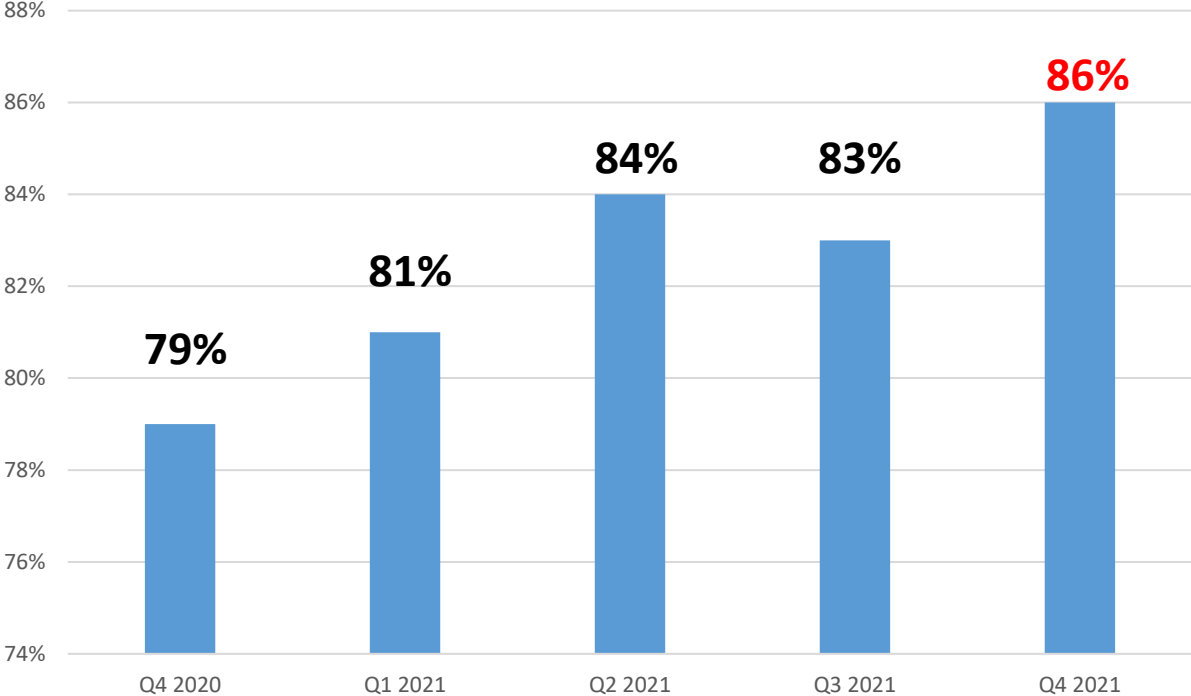
V3.4 = 228  
V1.4 = 2



# State Plan Objective

**E. Increase % of V3 EMS run reports received within 10 hours of the run to 85% by December, 2025.**

**86%**  
*Q4 2021*



# Review of EMSTARS Repository

- **NEMESIS Update**
- **AHCA/HIE – Data Exchange Update**
- **ODMAP feed – TBD**
- **Submission requirement changes**



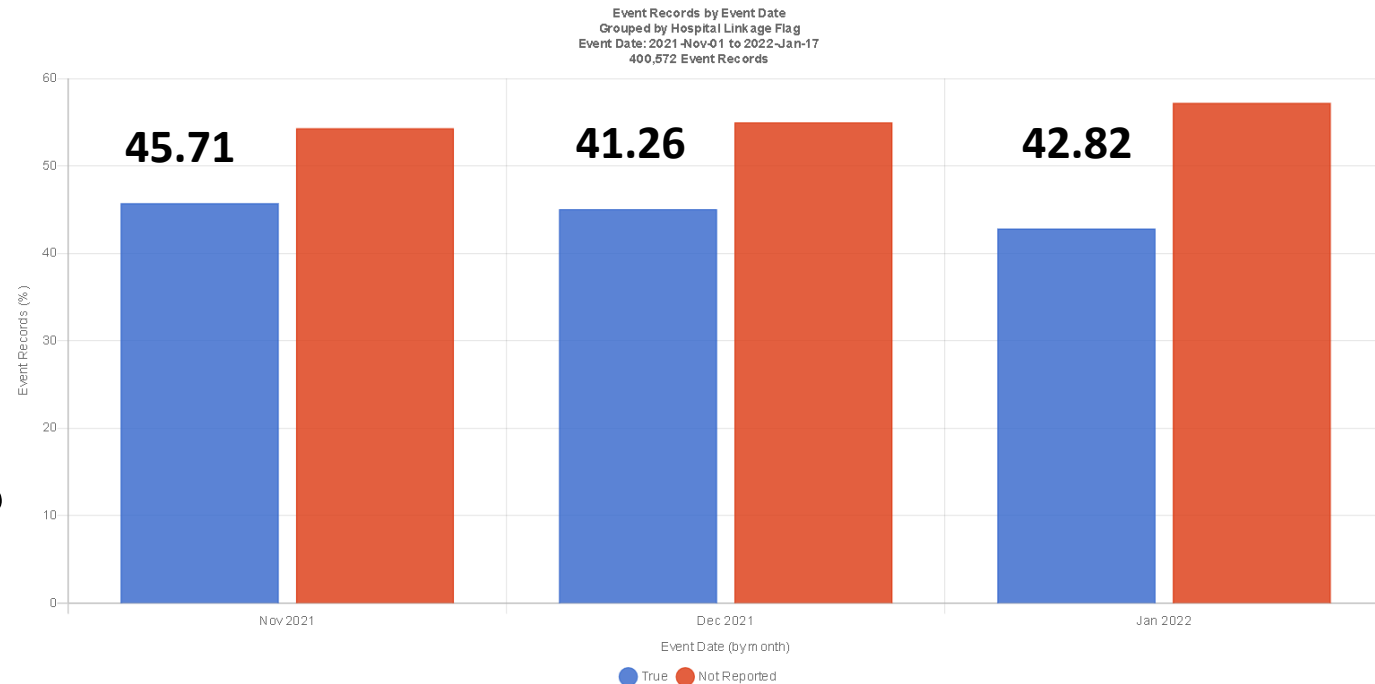
# NEMESIS Timeline

**V3.4 extended to Jan 2024**

**V3.5 – TBD for Florida**

# AHCA/HIE – Data Exchange Update

- HIE linkage reactivated as of OCTOBER
- 45% HIE match rate
- Of HIE records received, Biospatial matches 100% to EMS event



# ODMAP Reactivated

- **Improvements in Definition**
  - **Syndromes: Overdose (FL ESOOS)**
  - **Filters:**
    - **Disposition Group: Patient Contact**
    - **Service Categories: Emergency Response**
- **Effective 1/15/22 ODMAP feed reactivated**
- **Historical data beginning next week *(1/2017)***

# Submission Requirement Changes

- **Demographic submission timeline**
- **Event submission timeline**
- **Recommend Implementation ASAP**
- **Full implementation with V3.5, included in V3.5data dictionary**



# Submission Requirement Changes

## Demographic Data

### ❖ Change annual submission to at least monthly

- **“Demographic Data is submitted prior to submitting EMS event records. Demographic data, as defined in the Florida EMS Data Dictionaries, must be submitted at least monthly. All required demographic information must be transmitted in the required format by the last day of each month, at a minimum. A provider may elect to do more frequent demographic submissions.**
- **It is highly recommended that each agency’s ePCR vendor automate this process and submit all required information on behalf of the agency. It is expected that all ePCR demographic related elements be automatically updated in the agency Demographic file.”**
  - Example 1: Agency ABC hires 3 new paramedics and enters them into their ePCR software as users. Those new entries (including all dPersonnel information) should be automatically be incorporated into the demographic file and automatically submitted to EMSTARS.
  - Example 2: Agency ABC purchases a new ambulance to add to their fleet. When the ePCR software is updated to reflect the new unit, the demographic file should be automatically updated and submitted.

# Submission Requirement Changes Event Data

- ❖ **Change event submission from 3 days to within 24 hours of call completion**
  - “To maximize the use of syndromic surveillance systems, real-time or near-real-time data submission of event records is preferred. Agencies are required to submit at a minimum a surveillance event record **within 24 hours of call completion**. All surveillance records not updated by the provider within 7 calendar days after the initial submission will be deemed the official event record for any reporting purposes.
  - These deadlines apply uniformly to agencies and to vendors who may submit records on behalf of the agency.
  - **New Definitions:**
    - **Surveillance Record:** An event record that is considered to be draft by the EMS provider that may be updated at a later date/time.
    - **Official Event Record:** An event record that is considered to be the accurate and complete final record the EMS event. Official Event Records may be updated by the EMS provider at any time. Any nonsurveillance reporting shall use the last submitted official event record.”

# Submission Requirement Changes

- **Recommend Implementation ASAP**
- **Full compliance with V3.5, included in V3.5 Data Dictionary**

# Status of Florida V3.5 Data Dictionary

- **Draft V3.5 Data Dictionary approved at September EMSAC Data Committee**
- **Submission policy changes made to V3.5 Data Dictionary**
- **Final V3.5 Data Dictionary will be submitted for EMSAC adoption next meeting**
- **Implementation of Defined Lists**
  - **All state reporting will be based on use of NEMESIS Defined Lists**

# Implementation of NEMESIS Defined Lists

## Simplifying Documentation

EMS clinicians have long reported that quality documentation is impeded by having to scroll through extensive lists of values to represent a patient interaction.



# Implementation of NEMESIS Defined Lists

- **2016: NEMESIS TAC developed “suggested lists” of codes for elements utilizing standards developed by national organizations.**
  - Use of suggested lists was not mandatory and uptake was sporadic.
- **2019: NEMESIS TAC evaluated the codes included in the suggested lists, by comparing them to codes actually submitted in 2018 through mid-2019 (36 million records)**
- **Refined the suggested list of values to those most commonly often used and created the DEFINED LISTS. (primarily based on 911 calls)**

# Elements with Defined Lists

## Procedures

eProcedures.03 - Procedure

sConfiguration.03 - Procedures Permitted by the State

dConfiguration.07 - EMS Agency Procedures

## Medications

eMedications.03 - Medications Administered

sConfiguration.04 - Medications Permitted by the State

dConfiguration.09 - EMS Agency Medications

## Symptoms

eSituation.09 - Primary Symptom

eSituation.10 - Other Associated Symptoms

## Impressions

eSituation.11 - Provider's Primary Impression

eSituation.12 - Provider's Secondary Impressions

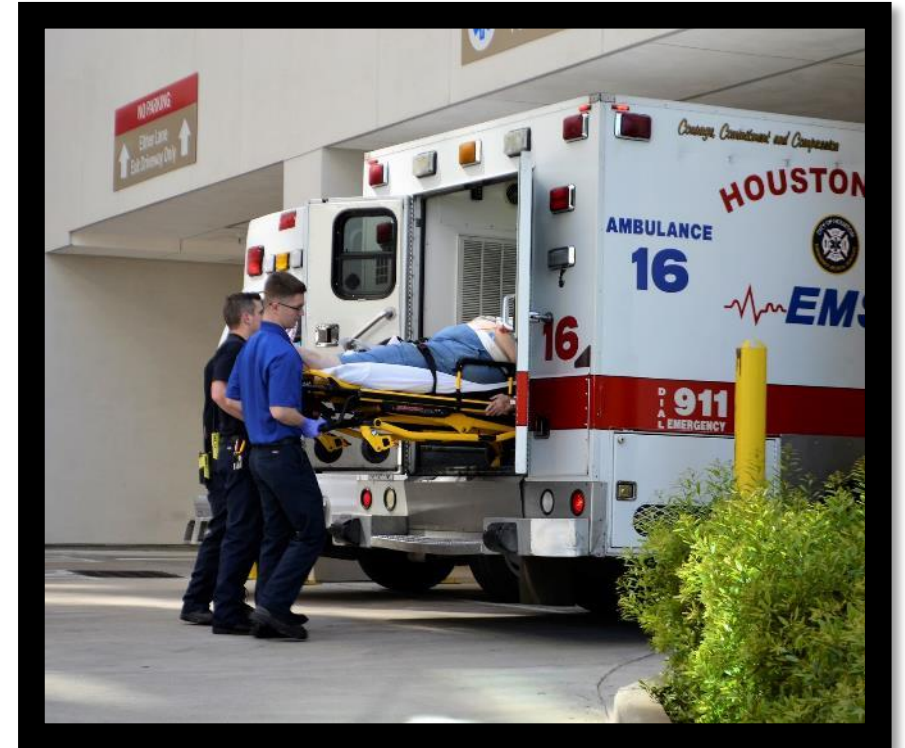
Causes of Injury (eInjury.01)

Incident Location Types (eScene.09)

# Defined Lists

## Designed Primarily for 911 Response

- The Defined Lists are developed primarily to reflect a 911 EMS response.
- Critical Care, Air Medical and Transport Teams will need lists that are more comprehensive than a typical scene response crew would require.





# Defined List Implementation

- **These defined lists are expected to be presented to clinicians in the EMS field software's graphical interface.**
- **Values outside of defined lists are allowed through existing defined code patterns.**
- **Standard code “roll-ups” are provided by the NEMESIS TAC allowing all reported codes at the National and State-levels to be properly aggregated for performance assessment and research purposes.**

# Defined List Implementation

## EMS Software Vendors

- EMS software vendors will be required to demonstrate that their software can present the Defined Lists during v3.5.0 software compliance testing.
- EMS software vendors will need to demonstrate their process for an agency or state to add a value that is needed for their particular area (Custom Value).
- NEMSIS will NOT dictate how a software user interface will present codes, but will validate the ability of EMS software to implement Defined Lists

# Additional Resources for Defined Lists:

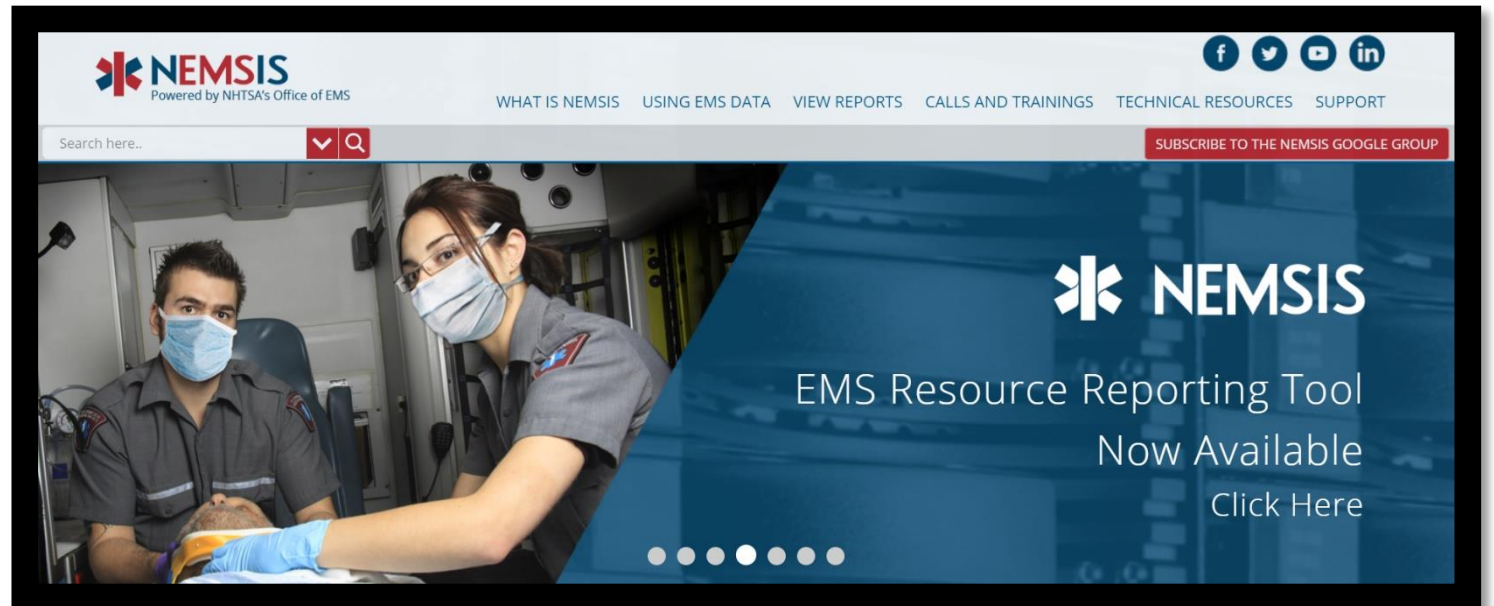
<https://nemsis.org/nemsis-101/>

<https://nemsis.org/technical-resources/version-3/version-3-resources/>

Email:

[nemsis@hsc.Utah.edu](mailto:nemsis@hsc.Utah.edu)

Visit [NEMESIS.org](https://NEMESIS.org)



# V3.5 Implementation Planning

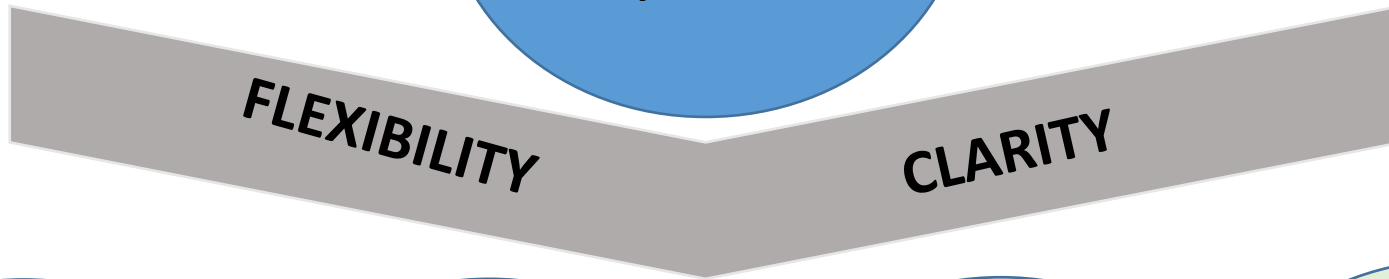
- **V3.5 Implementation Timeline for Florida**
  - **Vendor State of Readiness – vendor calls, majority of vendors ready late 2<sup>nd</sup> qtr 2022 to 4<sup>th</sup> qtr 2022**
  - **Agency State of Readiness**
  - **NEMESIS Planning Documents provided:**
    - **NEMESIS Implementation Planning Resource Documents**
    - **Spreadsheet of representative planning tasks**

# Planning Tasks - Determining a V3.5 Transition Date

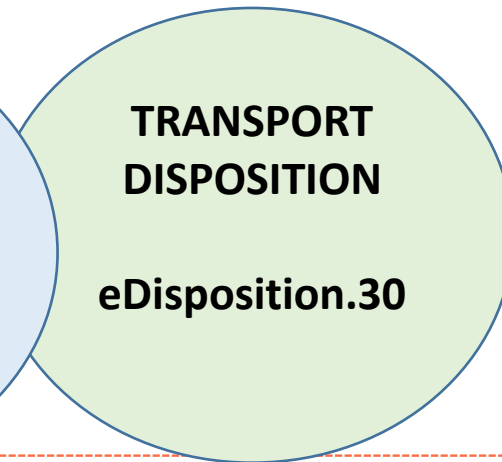
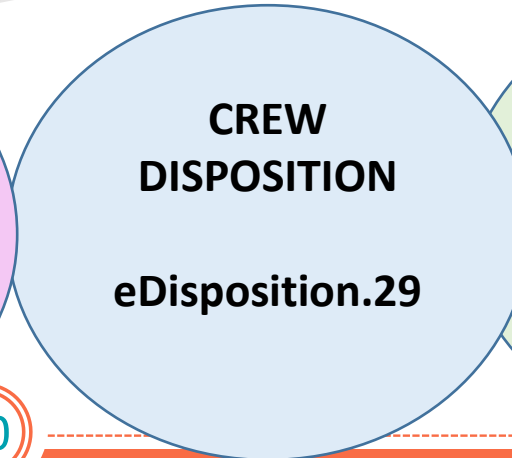
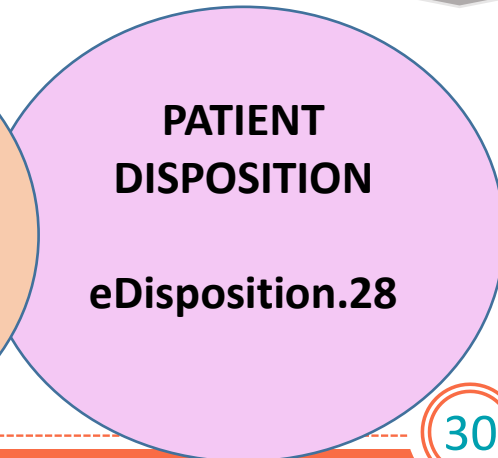
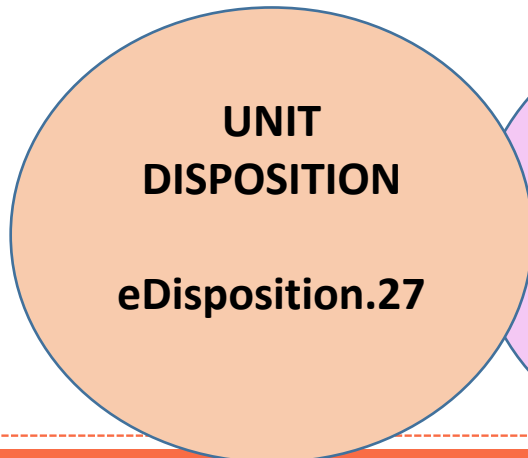
<b>Timeline</b>	<b>Establish time needed for preparation</b>
	<ul style="list-style-type: none"><li>• Determine when you software vendor will have the software ready and approved by NEMSIS for use</li></ul>
	<ul style="list-style-type: none"><li>• Determine training needs for services to make the transition</li></ul>
	<ul style="list-style-type: none"><li>• Determine amount of time to prepare the training material</li></ul>
	<ul style="list-style-type: none"><li>• Determine amount of training time needed for services to use updated software</li></ul>
	<ul style="list-style-type: none"><li>• Identify amount of time to pilot new software and make fixes</li></ul>
	<ul style="list-style-type: none"><li>• Determine amount of lead time 3rd party vendors will be allowed to transition<ul style="list-style-type: none"><li>-This may be influenced by when the 3rd party software will be NEMSIS approved</li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Determine amount of time needed to approve 3rd party software at the state level for use (if applicable)</li></ul>
	<ul style="list-style-type: none"><li>• Establish final timeline based on all the above determinations then add at least 30-60 days to find your transition date</li></ul>

**EXAMPLE TRAINING ISSUE:** The NEMESIS v3.5.0 Data Standard has adjusted eDisposition.12 from one element with 22 codes to four elements with 5-7 codes each. This broadens the flexibility of documentation to more accurately describe the EMS activation.

V3.4



V3.5



# Next Steps

- 1. EMSAC Review/Approval of Draft Florida V3.5 Data Dictionary - next meeting**
- 2. Agency Implementation Planning – January thru Dec 2022**
- 3. V3.5 Implementation Ready – TBD**

# **Biospatial Addendum**



# Other Discussion