

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

EMSAC Data Committee/ Meeting Agenda January 19, 2022

1:30 pm – 3:30 pm

Agenda Item	Minutes		
Welcome/Opening Remarks ➤ Introductions ➤ Virtual Meeting Guidelines ➤ Committee Member Roll Call ➤ Review of Agenda	<ul style="list-style-type: none"> • Welcome (Brenda) • Opening remarks (John) 		
Attendance	Committee Members		
	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Patricia Byers • Darrel Donatto • Jennifer Fishe • Steve Fravel • Phyllis Hendry • Colin Johnson • Mac Kemp </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Rodney Mascho • Peter Pappas • LuWayne Ransom • Angus Jameson • John Simpson • Anthony Tedesco • Debbie Vass </td> </tr> </table>	<ul style="list-style-type: none"> • Patricia Byers • Darrel Donatto • Jennifer Fishe • Steve Fravel • Phyllis Hendry • Colin Johnson • Mac Kemp 	<ul style="list-style-type: none"> • Rodney Mascho • Peter Pappas • LuWayne Ransom • Angus Jameson • John Simpson • Anthony Tedesco • Debbie Vass
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	Others		
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Review/Approval of Prior Meeting Record	<ul style="list-style-type: none"> • Motion and second to approve minutes from July 2021 passes unanimously.
Discussion of FCOT/ Trauma Quality Improvement Committee Initiatives	<ul style="list-style-type: none"> • Dr. Pappas discussed role of Florida Trauma Quality Improvement Program (FLTQIP) and how it relates to the data committee. • Introduction of FLTQIP Members • Dr, Ang discussed process of aggregate data collection for TQIP and how it compares to benchmarks. This provides a view of the types of trauma care provided. Florida has a very heavy geriatric trauma population. Benchmarks are derived through the American College of Surgeons. • Candace. All trauma registry software has been purchased by ESO and hospital EMR and EMS PCR can be linked. This creates a lot of potential to bring data into FLTQIP automatically instead of manual entry by trauma registrars. This would increase data quality and accuracy. Use of a UUID could improve tracking of patients from EMS through hospital care but requires all EMS agencies to have NEMSIS v3.5 or higher. FLTQIP uses CDC trauma criteria which is not consistent with current Florida Trauma Alert Methodology. Discussion that EMS could not use CDC criteria unless adopted by Florida into rule. Could vendors map Florida criteria to CDC criteria to improve data quality. When CDC criteria was changed, a cross walk was built. Brenda can research if the old records are available. • Agreed to establish a joint committee to work to improve data sharing between both programs.
Review/Discussion State Plan/ Action Items	<ul style="list-style-type: none"> • Very little 911 data in aggregate data. • 2021 data <ul style="list-style-type: none"> ○ 911 85% ○ Other 15% • We need a method to better capture non-911 work such as community paramedicine to better drive the future of EMS. • 75.83% of licensed agencies reporting to EMSTARS <ul style="list-style-type: none"> ○ 73 still in aggregate but DOH is working with these agencies. ○ Some of these are low call volume agencies (less than 1,000 incidents) that the cost of software outweighs the benefit. ○ Some focus has been to get non-transport agencies to include their data, reporting through as a sub agency of the primary service. If anyone knows of agencies using electronic PCR but not reporting, please contact DOH Data Group • Current data links <ul style="list-style-type: none"> ○ Crash ○ Health Information Exchange (HIE) ○ Working to develop a needs assessment to determine where links should be created. • 99.13% of EMSTARS agencies are version 3.4 or higher. • 86% of EMSTARS records are received within 10 hours of the run.

<p>Review of EMSTARS Repository</p> <ul style="list-style-type: none"> ➤ NEMSIS update ➤ Status of Transitioned Agencies ➤ Review of Submission Requirements V3.4 ➤ ODMAP Initiative ➤ HIE Status 	<ul style="list-style-type: none"> • HIE exchange has a 45% match rate, but Biospatial has a 100% match rate. • V3.4 deadline extended. • ODMAP feed has been reconnected to Biospatial as of 1/15/22. <ul style="list-style-type: none"> ○ The overdose syndrome definition has been refined. ○ This allows entry into only one system and sharing the data between the two. ○ Duplicate records issue is believed to have been corrected (based on submission of same incident through EMSTARS and ODMAP). ○ Historical data from 1/2017 will be entered into the system over the next few weeks. ○ Discussion related to proposed legislation requiring legislation and some law enforcement leadership was not aware of the link between the systems. •
<p>Review Florida V3.5 Data Dictionary/ Implementation</p> <ul style="list-style-type: none"> ➤ Review of Submission Requirements ➤ Review of Usage of Defined Lists ➤ Review of Vendor Readiness 	<ul style="list-style-type: none"> • Demographic submission <ul style="list-style-type: none"> ○ Current required to submit annually, and most vendors do it annually. But most vendors do provide an ability to submit more often. Timeline will be moved to requesting this monthly. Asking the vendors to automate the process to update the demographic file based on added/deleted users and/or units. Would like to implement as soon as possible but full compliance in version 3.5. • Policy update to require submission within 24 hours of event. <ul style="list-style-type: none"> ○ Three day was original plan based on allowing time for QA. ○ CDC has gained knowledge of the value of EMS data for purposes of bio-surveillance. The 24 hours or less submission provides for better trending. ○ The system still provides that an updated report after QA submits and overwrites the original submission. • DOH to determine method of notification to agencies/vendors on version 3.4 until adoption of version 3.5 data dictionary.
<p>Discussion of V3.5 Implementation Plan/Issues</p> <ul style="list-style-type: none"> ➤ Target Implementation 	<ul style="list-style-type: none"> • Already approved by Data Committee. • Updated dictionary with requirements from above will be submitted to EMSAC for final approval (hopefully prior to June 2022 meeting). • Implementation of defined lists of commonly used field values. <ul style="list-style-type: none"> ○ DOH would prefer adoption of the defined lists as proposed by NEMSIS. ○ Vendor already required to have this capability in their system to be version 3.5 validated as well as provide opportunity for agency specific lists. ○ These lists are primarily designed for agencies responding to scene incidents. ○ These lists can be found on the NEMSIS website for review. Suggested and Defined Lists - NEMSIS. ○ Defined lists will help standardize data values and will decrease use of codes that are not correct.

<p>Discussion of V3.5 Implementation Plan/Issues</p> <ul style="list-style-type: none"> ➤ Target Implementation 	<ul style="list-style-type: none"> • Implementation Timeline <ul style="list-style-type: none"> ○ Vendors should be ready by end of 2nd quarter 2022 but some are 4th quarter. ○ What is the readiness state of agencies? ○ Most vendors will provide training aids to assist agencies. ○ Possible target of Summer 2023 for a portion of agencies. Update this at Summer 2022 meeting. • Data committee to discuss request about stroke type mandatory request at a later meeting.
<p>Review of Revised Biospatial Data Use Addendum</p>	<ul style="list-style-type: none"> • Discussion about history of addendum and proposed changes to resolve these concerns with agency level data. • eCrew fields will be excluded and thus provider not identified. • Agency fields will still be included but the legal language of agreement now includes specific wording to disallow release of the data. • Data view is for the receiving facility only and not hospital systems.
<p>Open Discussion/ New Business/Public Comment</p>	<ul style="list-style-type: none"> • None
<p>Adjourn/Next Meeting</p>	<ul style="list-style-type: none"> • Adjourn at 3:06 PM