

Review “Defer” Revision Requests

Review Part 1 of 1
March 2018

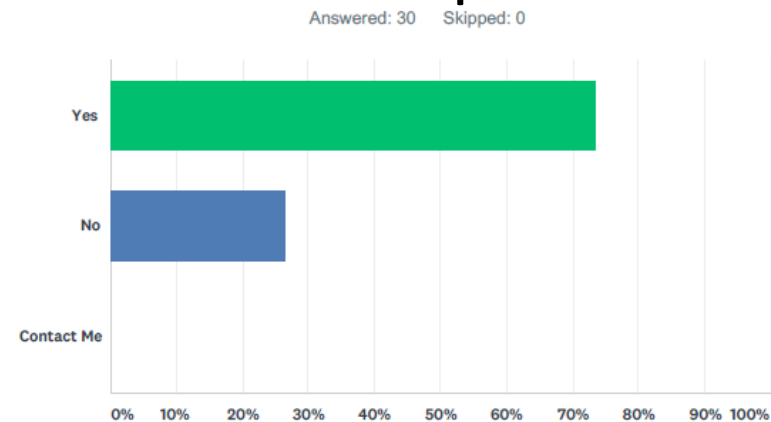
Organization of Revision Requests

- Survey questions will correspond with ID numbers on the slides
- Defer: “Additional information/discussion is need to consider this item”Complex request!
 - Should be readdressed with a revision of NEMESIS **after** v3.5.0

Defer Revision Requests (n =41)

Defer: eMedications.xx (ID 2)

- **eMedications.xx - New Element - Medication Administered Concentration**
 - **Change:** Request to add a new medication element that describes the concentration of the element.
 - **Comment:** Discuss and then determine specifics regarding the element.



Defer: eVitals (ID 4)

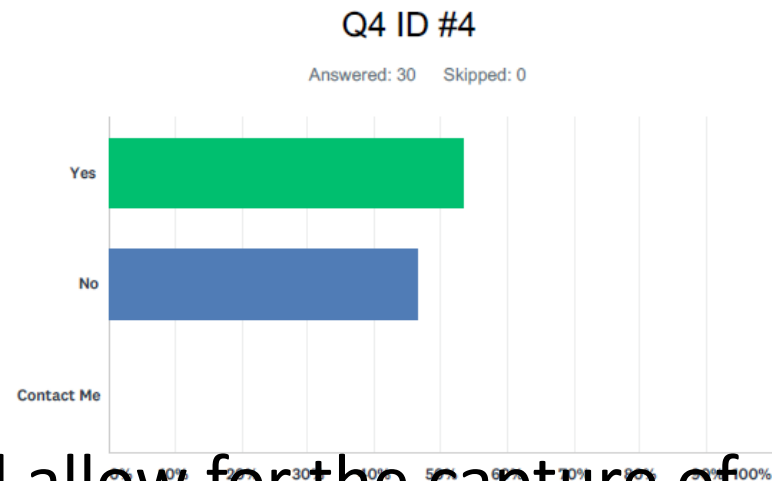
- **New Element**

- Position of Patient at Time of Vital Sign Measurement

- Potential Values:

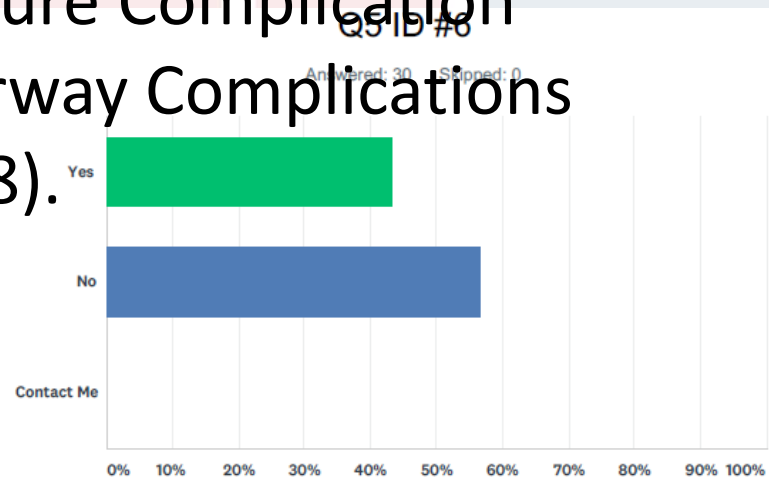
- Lying
- Sitting
- Standing

- **Comment:** This would allow for the capture of orthostatic blood pressure and or heart rate changes



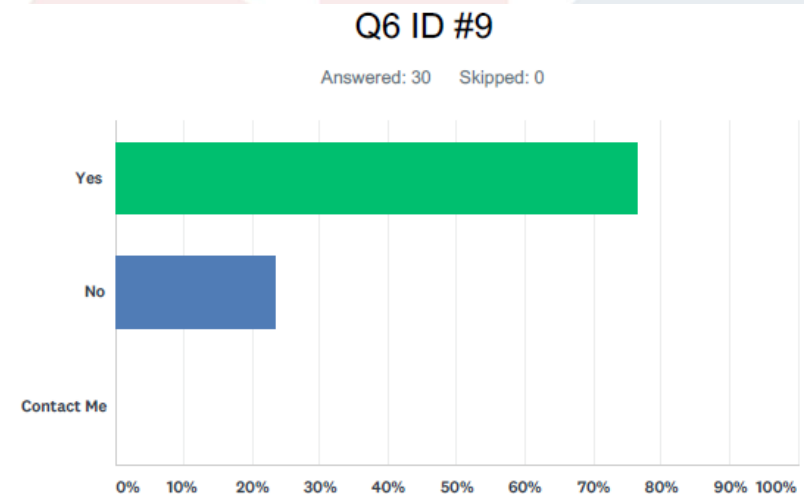
Defer: eAirway (ID 6)

- **eProcedures and eAirway**
 - **Change:** Need to review the logic of an airway placement and remove redundant NEMSIS elements.
 - **Comments:** Elements with redundancy, for example, include Procedure Complication (eProcedures.08 and Airway Complications Encountered (eAirway.08).



Defer: eVitals (ID 9)

- **New Element:** Stroke Severity Score
- **Comment:** When eVitals.29 - Stroke Scale Score = Positive, then Stroke Severity Score should be documented.



Defer: eDisposition.20 (ID 13)

- eDisposition.20 - Reason for Choosing Destination

- Change: Add values:

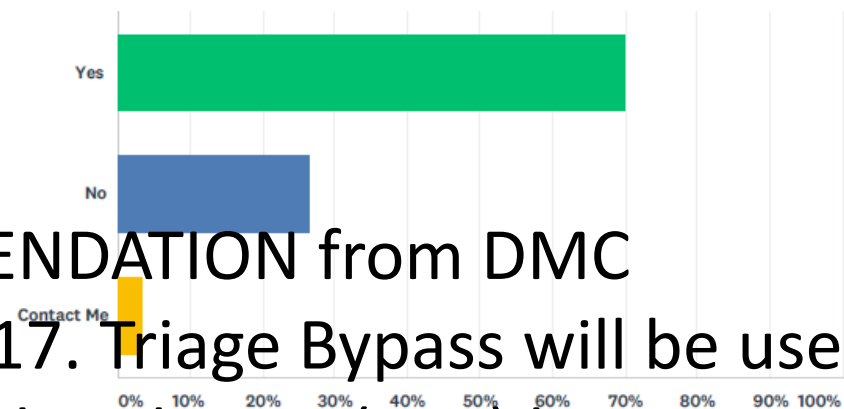
- Triage Bypass

- Comment: RECOMMENDATION from DMC

membership April 2017. Triage Bypass will be used to capture large vessel occlusion (LVO) bypass.

Q7 ID #13

Answered: 30 Skipped: 0

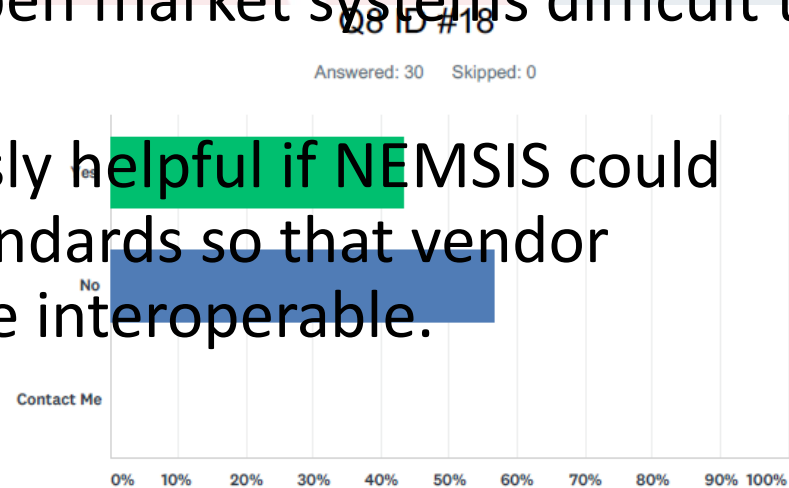


Defer: Custom Element Use (ID 18)

- **Education on Custom Elements**

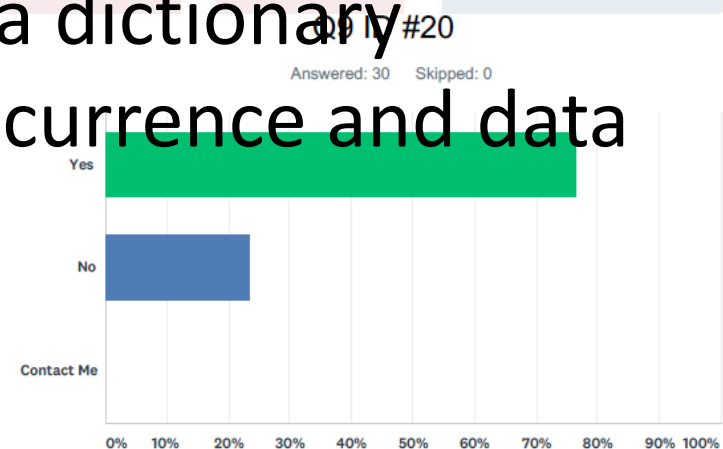
- **Comment:** There is a total lack of consensus in the ePCR vendor community regarding how eCustomConfiguration and eCustomResults should be utilized. This lack of consensus is a significant barrier in the exchange of data across different vendor platforms and makes open market systems difficult to achieve.

- It would be tremendously helpful if NEMESIS could further define these standards so that vendor products would be more interoperable.



Defer: Recurrence (ID 20)

- **Current:** Currently the data dictionary mixes the recurrence between elements in the records itself and how many values you can choose within an element (e.g. single select or multi-select).
- **Proposed:** Clarify the data dictionary presentation of record recurrence and data entry recurrence.



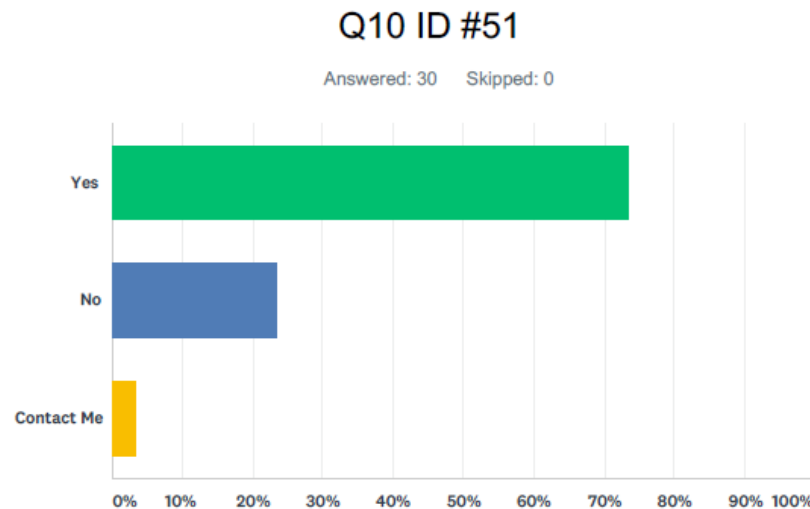
Defer: eLabs.04 (ID 51)

- **eLabs.04 - Laboratory Result**

- Change: Create attribute :

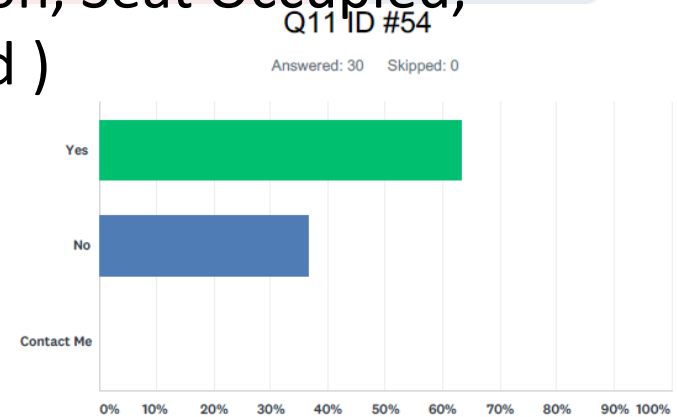
- g/dL
- mL/min
- mmol/L
- mg/dL
- ng/dL
- U/L
- %
- None
- others

- **Comment:** Attributes will allow documentation for element eLabs.04 - Laboratory Result, create an attribute list to capture the "units" of the documented Laboratory Result Type (eLabs.03).



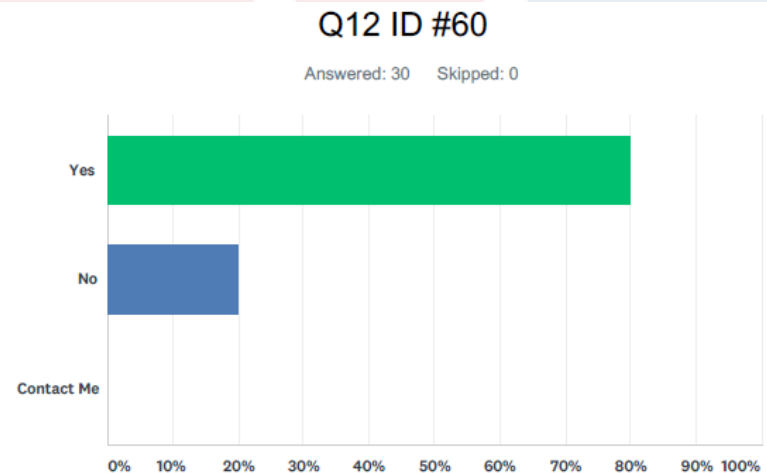
Defer: eInjury Modify ACN (ID 54)

- eInjury ACN elements – Rename and repurpose
 - Change: Rename elements
 - Remove ACN label from elements which can be documented by a medic (e.g., Vehicle Body Type, Vehicle Manufacturer, Vehicle Model Year, Multiple Impacts, Rollover, Seat Location, Seat Occupied, Seatbelt Use, Airbag Deployed)



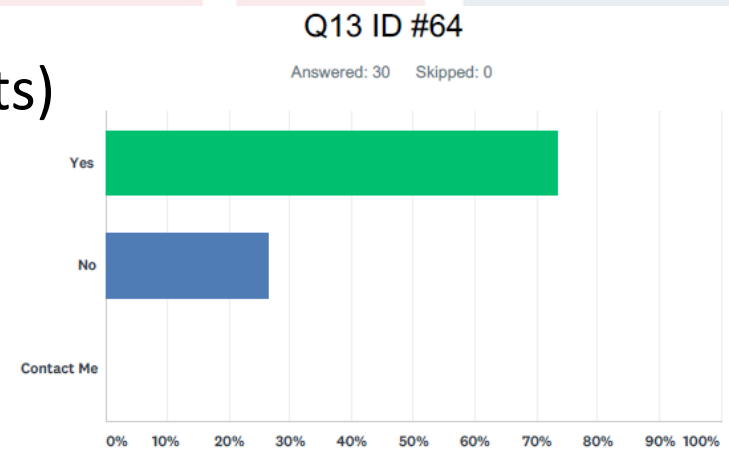
Defer: International Addresses (ID 60)

- **Currently:** Home address elements require use of ANSI approved standards (e.g., GNIS).
- **Proposed:** Utilize international standards (ISO) to allow for, example, international postal codes, etc.



Defer: eVitals (ID 64)

- Add new element group (5 elements)
 - Change: Add eVitals.PainScale Group
 - Pain Provoked
 - Pain Quality
 - Pain Region
 - Pain Radiation
 - Pain Time (Duration + Units)

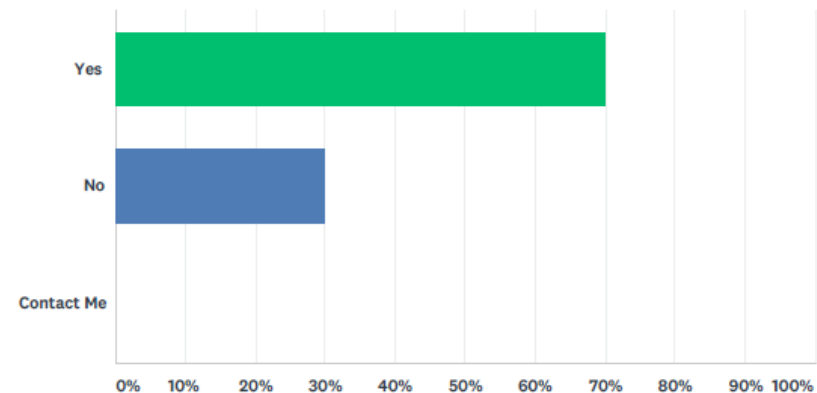


Defer: eSituation (ID 67)

- **Add new element**
 - Change: Add Element - Transfer Reason/Diagnosis
 - Comment: The interfacility community needs to document the diagnosis determined in the hospital

Q14 ID #67

Answered: 30 Skipped: 0



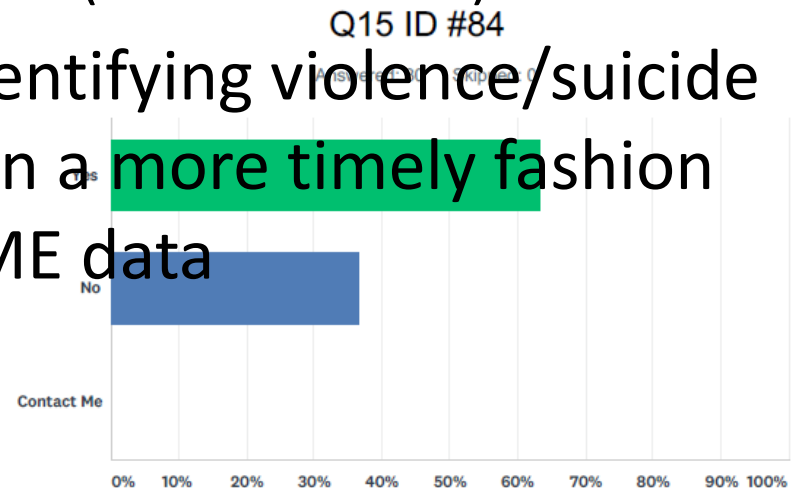
Defer: eSituation (ID 84)

- **eSituation.11 and .12**

- Change: Add Values (Mandated List)

- suicidal ideation, suicide attempt, and non-suicidal self-harm (e.g. cutting)
- Death (natural), Death (accidental), Death (suicide), Death (homicide), & Death (Indeterminate)

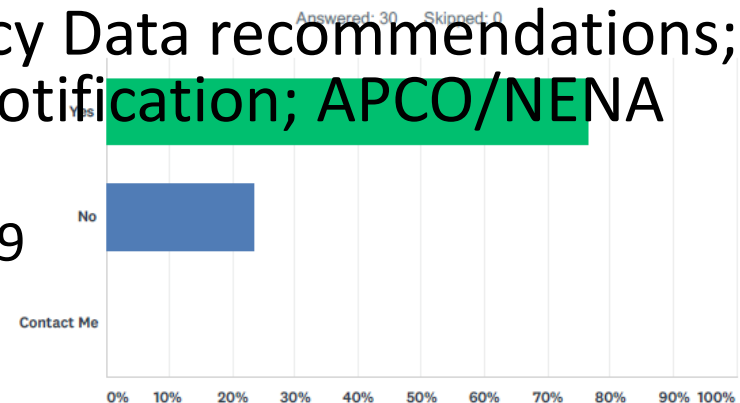
- Comment: Helpful in identifying violence/suicide contagion and clusters in a **more timely** fashion rather than relying on ME data



Defer: MMUCC, APCO, VEDS & NEMESIS Standardization (ID 86)

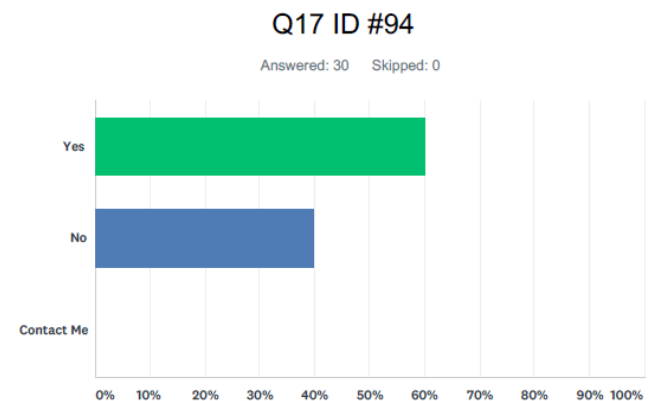
- **Align MMUCC, APCO, VEDS & NEMESIS**
 - **Comment:** Potential eInjury elements to use the latest existing standards include:
 - 1. eInjury.05 (MMUCC) Crash Criteria based on area(s) of impact; (FARS) coding manual clock diagrams
 - 2. eInjury.06 (MMUCC) P6 element
 - 3. eInjury.07 (MMUCC) P7 as baseline
 - 4. eInjury.08 (MMUCC) P8 as baseline
 - (VEDS) Vehicular Emergency Data recommendations; (AACN) Automatic Crash Notification; APCO/NENA joint data standardization.
 - eInjury.11 through eInjury.29

Q16 ID #86



Defer: eDispatch.01 (ID 94)

- eDispatch.01 - Complaint Reported by Dispatch
 - Change: Definition:
 - Consider removing the word "Complaint" from the definition.
 - Change: Element Name options include:
 - Dispatch Reason
 - Reason for Dispatch
 - Nature of Call
 - Reason for Encounter



Defer: New Element: Trauma Pt (ID 116)

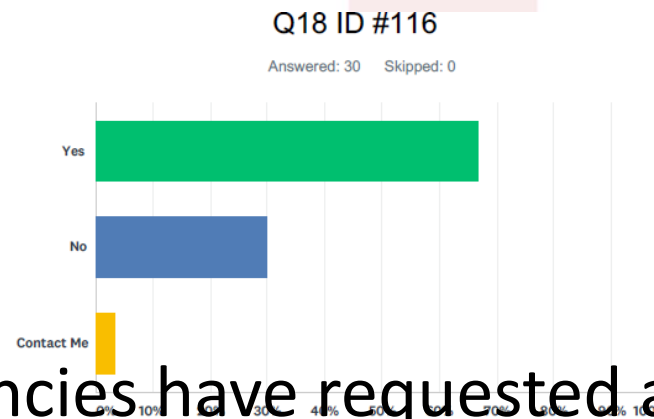
- Add New Element - Is it a Trauma Patient
- eSituation.xx

– Definition: Is the patient being classified as a trauma patient?

– Code Values:

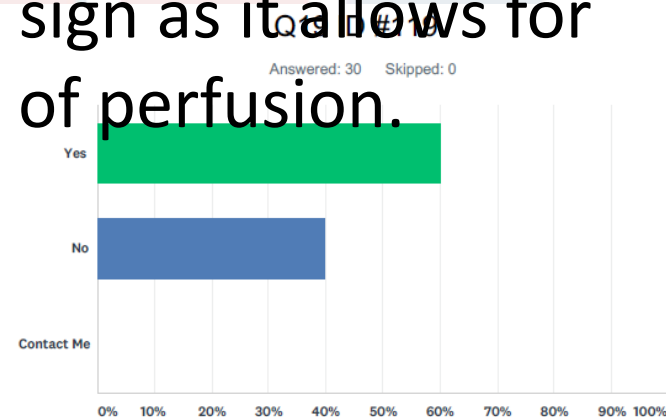
- Yes
- No

– Comment: Many agencies have requested a system wide variables to help narrow down what is needed of the trauma elements.



Defer: eVitals (ID 119)

- **New Element:** Capillary Nail Bed Refill
 - **Change:** Remove values from eExam.04 – Skin Assessment and create new element
 - 3504035 Capillary Nail Bed Refill less than 2 seconds
 - 3504037 Capillary Nail Bed Refill 2-4 seconds
 - 3504039 Capillary Nail Bed Refill more than 4 seconds
 - **Comment:** Cap Refill is a vital sign as it allows for primary/ongoing assessment of perfusion.



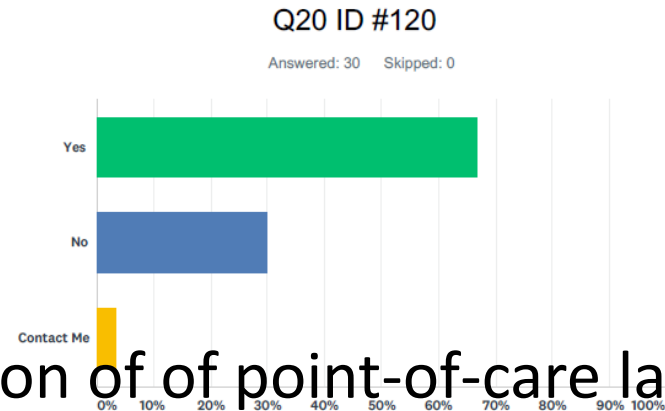
Defer: eLabs.xx (ID 120)

- Add NEW Element
- eLabs.xx - Lab Drawn by (health care professional)

– Options for element name:

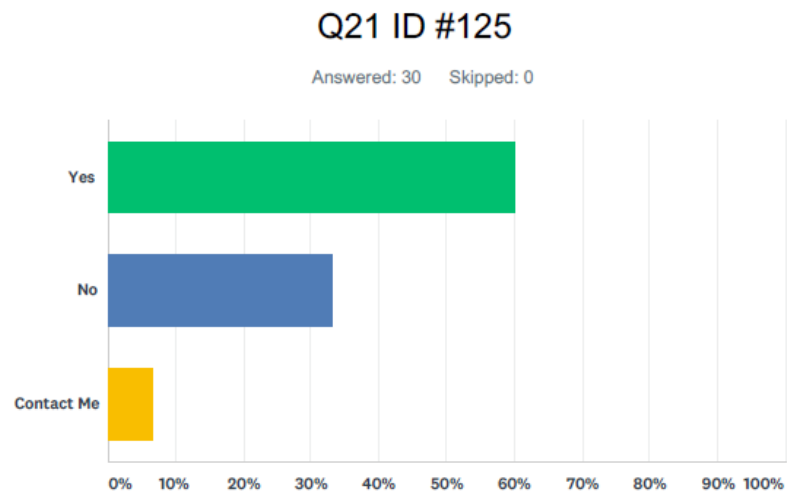
- Crew Member ID
- Crew Member Name

– Comment: With the expansion of of point-of-care labs in the field (for example lactates for Sepsis) there is no way to document who did the labs in the field. This would also be helpful for community paramedic calls as well.



Defer: eVitals (ID 125)

- eVitals.19 through eVitals.23
 - Change: Update GCS elements to conform with GCS40.
 - <http://www.glasgowcomascale.org/>

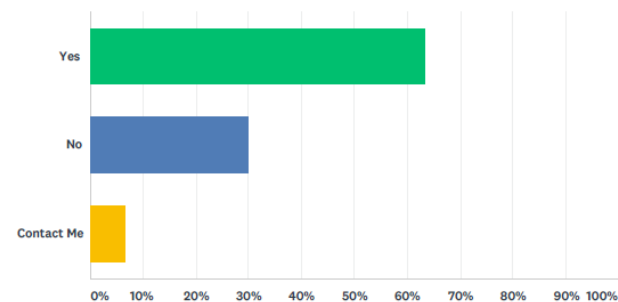


Defer: Element Reassignment (ID 126)

- Reassignment of Elements
- Change:
 - eOther.02 should be in the eDisposition section
 - eOther.08 should be in the eCrew section
 - eOther.07 should be in the eScene sectionTransported

Q22 ID #126

Answered: 30 Skipped: 0

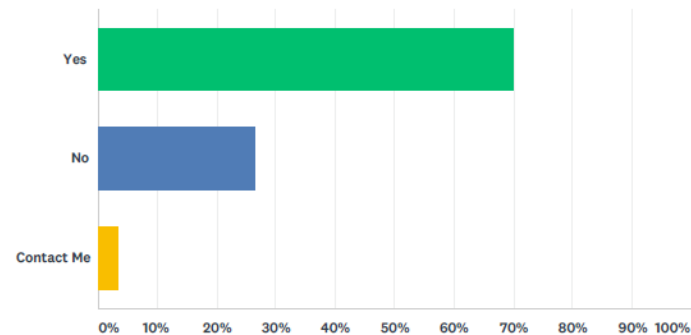


Defer: eExam.21 (ID 127)

- **eExam.21 - Stroke/CVA Symptoms Resolved**
 - Change: Move the element: to eVitals.
 - Comment: Stroke/CVA Symptoms Resolved (eExam.21) should be moved to the eVitals.StrokeScaleGroup.

Q23 ID #127

Answered: 30 Skipped: 0

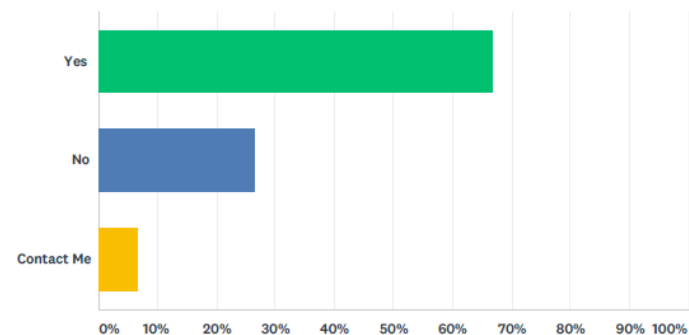


Defer: eVitals.xx (ID 128)

- **NEW Elements Requested – Airway & Circulation Assessments**
 - **Comment:** No elements are currently present to provide for documentation of Airway or Circulation, two components of the standard ABC of the primary assessment of a patient.

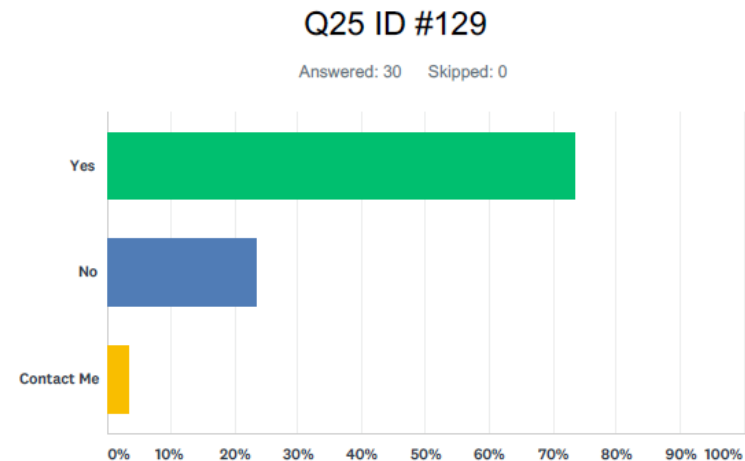
Q24 ID #128

Answered: 30 Skipped: 0



Defer: Adding “Other” (ID 129)

- **Elements representing infinite lists**
 - Change: Add the value “other”
 - Comment: Would allow for that local adaptability and potentially reduce customization.



Defer: eExam Recurrence (ID 130)

- eExam - Make the Location elements 0:M

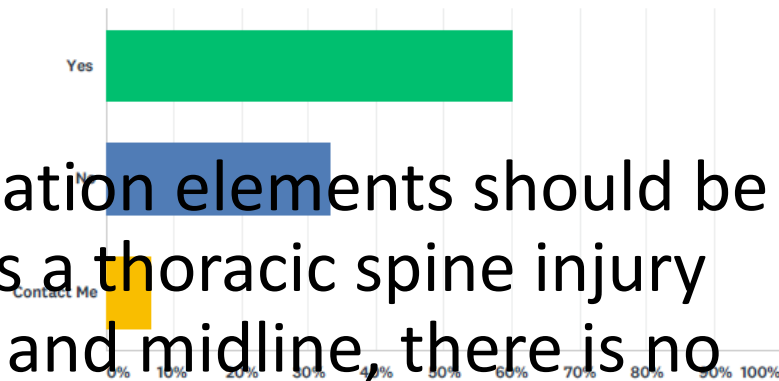
- Change: Recurrence:

- Current: 0:1
- Proposed: 0:M

- Comment: eExam location elements should be multi-select. If there is a thoracic spine injury affecting all left, right and midline, there is no option to efficiently reflect that assessment. Right now you have to document the finding three times, once for each location.

Q26 ID #130

Answered: 30 Skipped: 0



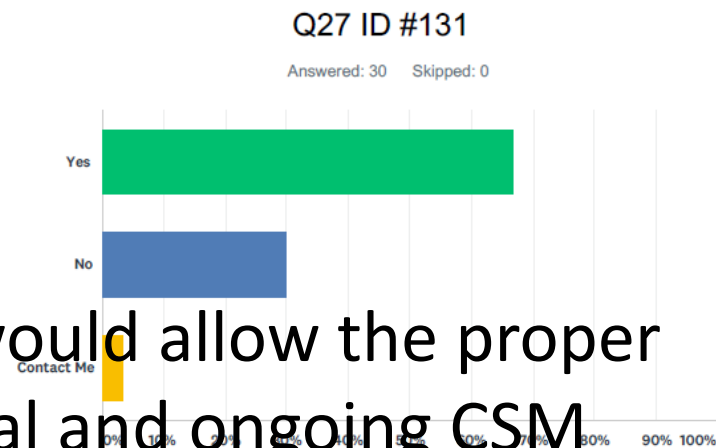
Defer: eVitals (ID 131)

- Add new element group (3 elements)

- Change: Add eVitals.CSM Group

- Circulation
- Sensation
- Motor Function

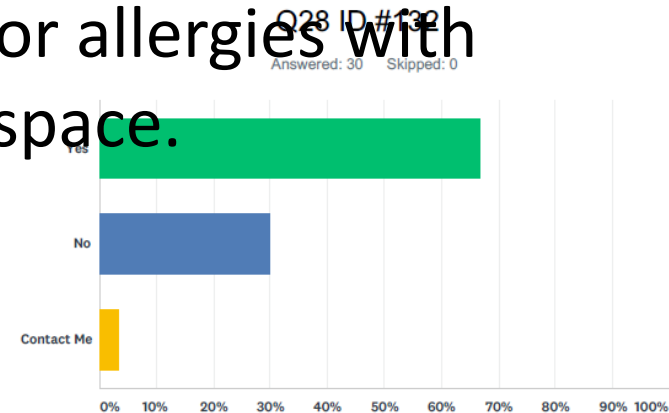
- **Comment:** This field would allow the proper documentation of initial and ongoing CSM assessment particularly pre and post-intervention for injury.



Defer: Merge Allergy Elements (ID 132)

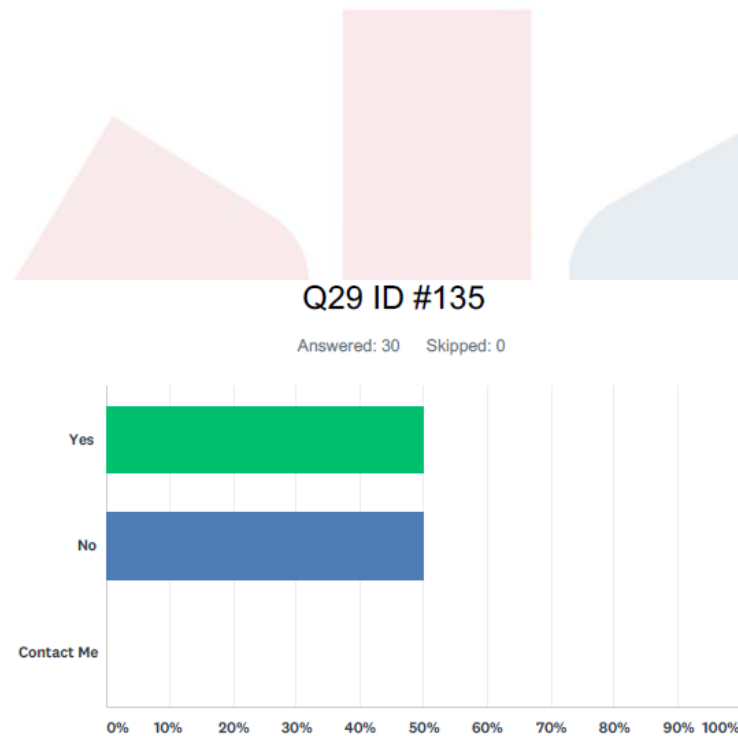
- **Modify eHistory Allergy Elements**

- Change: Merge allergy elements
- Comment: Having medication and food allergies separate seems nice, but in practice it's confusing. Also in the spirit of integration with hospitals and larger health systems who do not differentiate. They have documentation for allergies with everything included in one space.



Defer: eOther (ID 135)

- **eOther.09**
 - Change: Add attribute to list the name of the file or document.

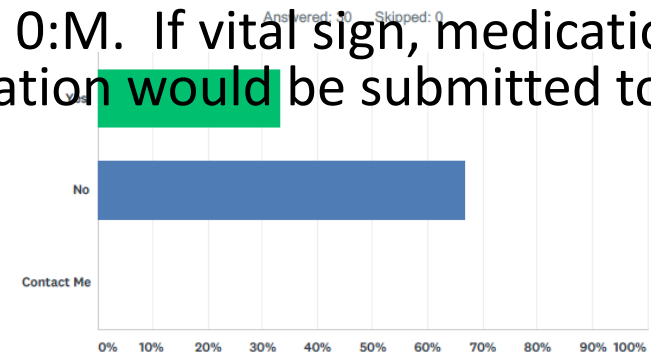


Defer: Recurrence of Assessment / Treatment Sections (ID 138)

Multiple Assessment / Treatment Sections:

- 1) eVitals;
 - 2) eMedications, and
 - 3) eProcedures
- **Concern/Request:** Above element sections are required as 1:M. This means that on every ePCR, whether it is a canceled call or not, at least one of each must be included in the file. Many vendors have needed to do work to inject "blank" information (when no data exists) when generating the XML file to transmit. This makes reporting at the state level more challenging because every imported PCR that comes in has med/procedure/vitals even when they logically shouldn't.
 - **Proposed Change:** Modify grouping to 0:M. If vital sign, medication, or procedure documented the information **would** be submitted to State and NEMESIS.

Q30 ID #138

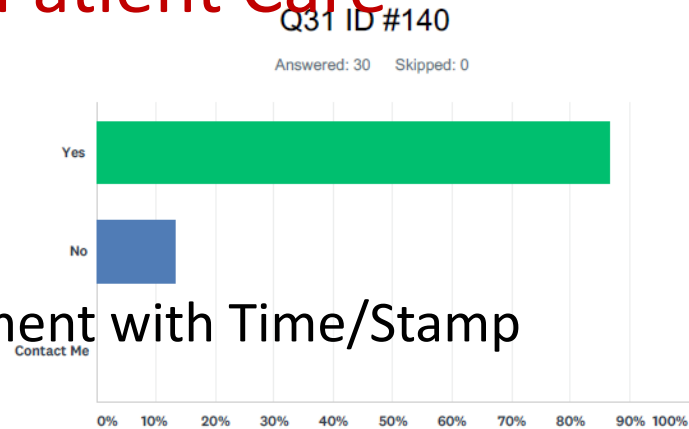


Defer: eHistory.01 (ID 140)

- **eHistory.01 - Barriers to Patient Care**

- Change: Recurrence:

- Current: 1:1
- Proposed: 1:M
- Consider adding reassessment with Time/Stamp documentation



- **Comment:** The element becomes more useful if it can be 1:M in the record as patient conditions can change. For example, if I am assessing a patient for spinal injury, they might have barriers to care or assessment initially, but then have those issues resolve later.

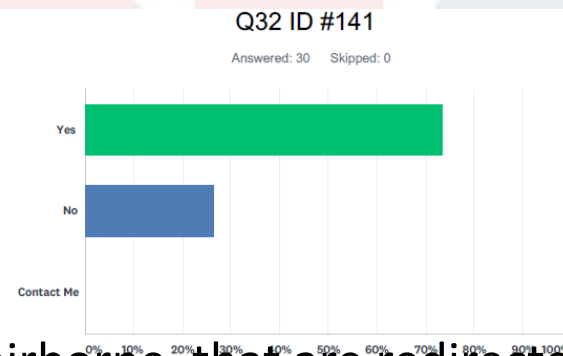
Defer: eScene (ID 141)

- **Add new element group (10 elements)**

- **Change: Add eScene:VehicleDispatchLocation Group**

- Vehicle Dispatch Location Type
- Vehicle Dispatch Location Name
- Vehicle Dispatch Location Address
- Vehicle Dispatch Location Apartment, Suite, or Room (Added because of request to have consist elements for all address sections of the EMS Dataset)
- Vehicle Dispatch Location Cross Street
- Vehicle Dispatch Location City
- Vehicle Dispatch Location State
- Vehicle Dispatch Location Zip Code
- Vehicle Dispatch Location County
- Vehicle Dispatch Location Country

- **Comment:** Please consider aircraft, airborne, that are redirected to a different request. As well, aircraft can be redirected to a different request while on the ground at a remote scene.



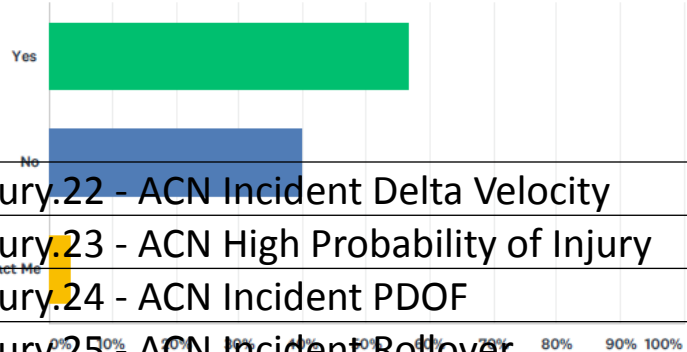
Defer: eInjury ACN elements (ID 142)

- eInjury Elements - Remove “ACN” identifier

- Comment: Some of the eInjury elements can be documented by EMS and don't necessarily need to come from ACN.

Q33 ID #142

Answered: 30 Skipped: 0



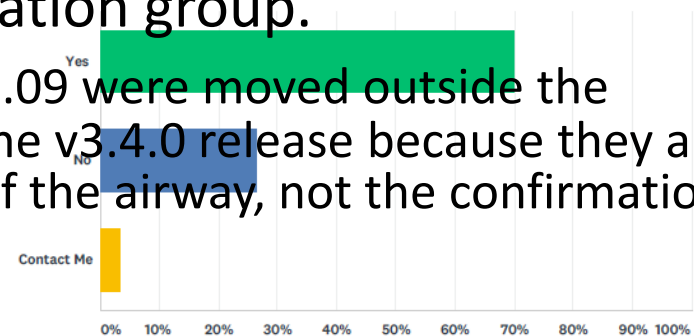
eInjury.14 - Date/Time of ACN Incident	eInjury.22 - ACN Incident Delta Velocity
eInjury.15 - ACN Incident Location	eInjury.23 - ACN High Probability of Injury
eInjury.16 - ACN Incident Vehicle Body Type	eInjury.24 - ACN Incident PDOF
eInjury.17 - ACN Incident Vehicle Manufacturer	eInjury.25 - ACN Incident Rollover
eInjury.18 - ACN Incident Vehicle Make	eInjury.26 - ACN Vehicle Seat Location
eInjury.19 - ACN Incident Vehicle Model	
eInjury.20 - ACN Incident Vehicle Model Year	eInjury.28 - ACN Incident Seatbelt Use
eInjury.21 - ACN Incident Multiple Impacts	eInjury.29 - ACN Incident Airbag Deployed

Defer: eAirway (ID 143)

- **eAirway - eAirway.ConfirmationGroup**

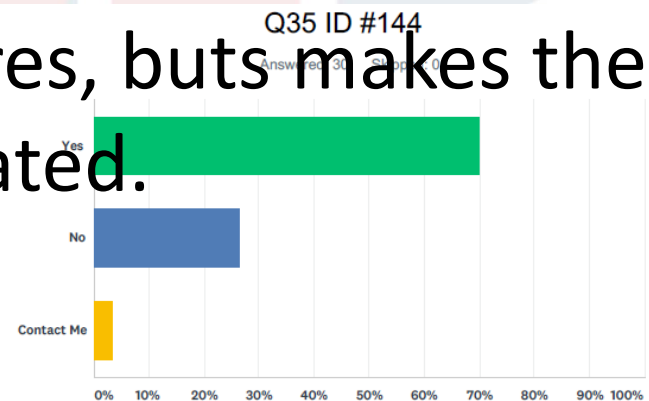
- **Change:** Remove the eAirway.ConfirmationGroup and restructure the elements.
- **Comment:** eAirway.ConfirmationGroup is problematic because it separates elements that should not be separated. For instance we want to include eAirway.08 and 09 in the ConfirmationGroup correlation so that the elements can be placed together in our ePCR form. We can think of no reason why you would need eAirway.08 and 09 to be separated from the particular attempt that is correlated inside the confirmation group.
- **TAC Comment:** eAirway.08 and .09 were moved outside the eAirway.ConfirmationGroup with the v3.4.0 release because they are associated with the maintenance of the airway, not the confirmation of a specific device.

Q34 ID #143
Answered: 30 Skipped: 0



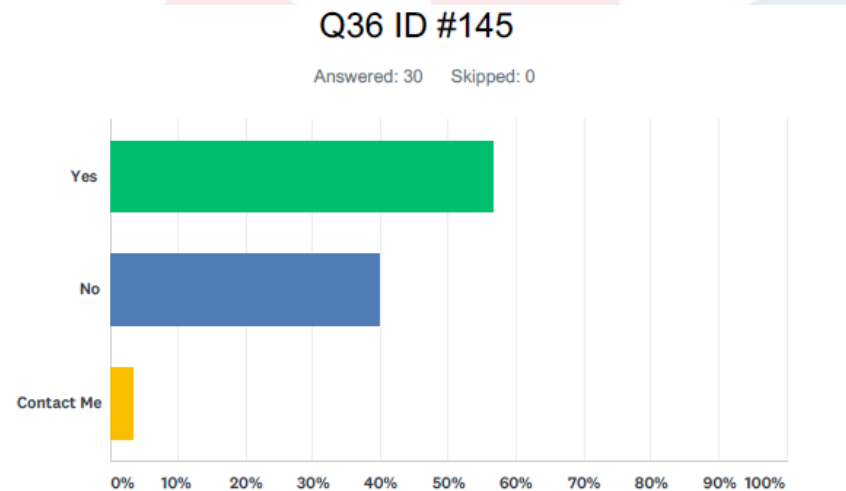
Defer: Multiple Sections (ID 144)

- Structure interventions into a single correlated group
- Comment: eAirway should be expanded to include all airway adjuncts and interventions. A standalone IV group should be established similar to eAirway. The alternative to add everything under eProcedures, but makes the single group overly complicated.



Defer: FARS Elements (ID 145)

- **Add FARS elements to NEMESIS Standard**
 - Change: review EMS-related FARS elements for inclusion in the standard

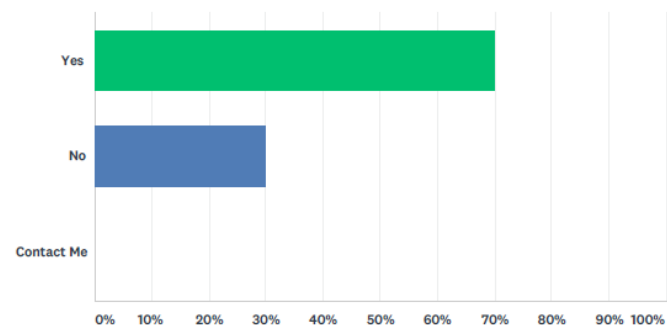


Defer: Associating Crew Member with Actions (ID 146)

- Crew Member Name
- Change: Develop a whitepaper describing how dPersonnel can be associated with “event elements” such as vitals, procedures and Meds.

Q37 ID #146

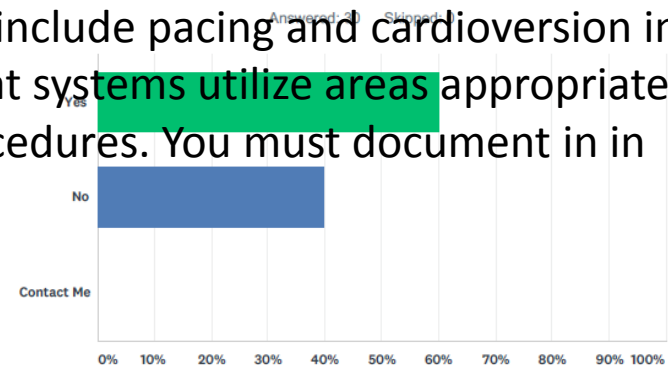
Answered: 30 Skipped: 0



Defer: eDevice (ID 147)

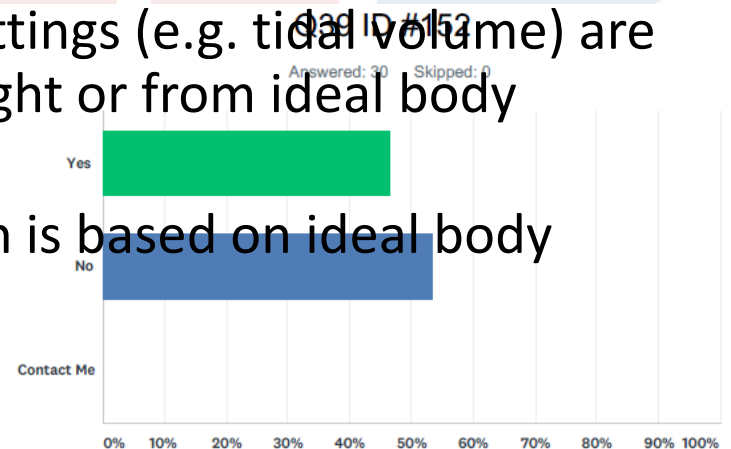
- **eDevice Section - Remove**

- **Comment:** The eDevice group should be eliminated.
- Medical Device Serial Number (eDevice.01) should be moved to the eOther group.
- eDevice.02 & 03 can be eliminated as they are redundant with more applicable fields, i.e. date/time of shock delivered.
- Vitals related elements such as waveform graphics and ECG lead should exist exclusively in the eVitals group. eDevice.
- ShockGroup should be wrapped up into the eArrest group and maybe the group name changed to eCardiac so as to include pacing and cardioversion in addition to CPR and defib. And require that systems utilize areas appropriately. So you cannot document AED use in eProcedures. You must document in in eArrest and eArrest only.



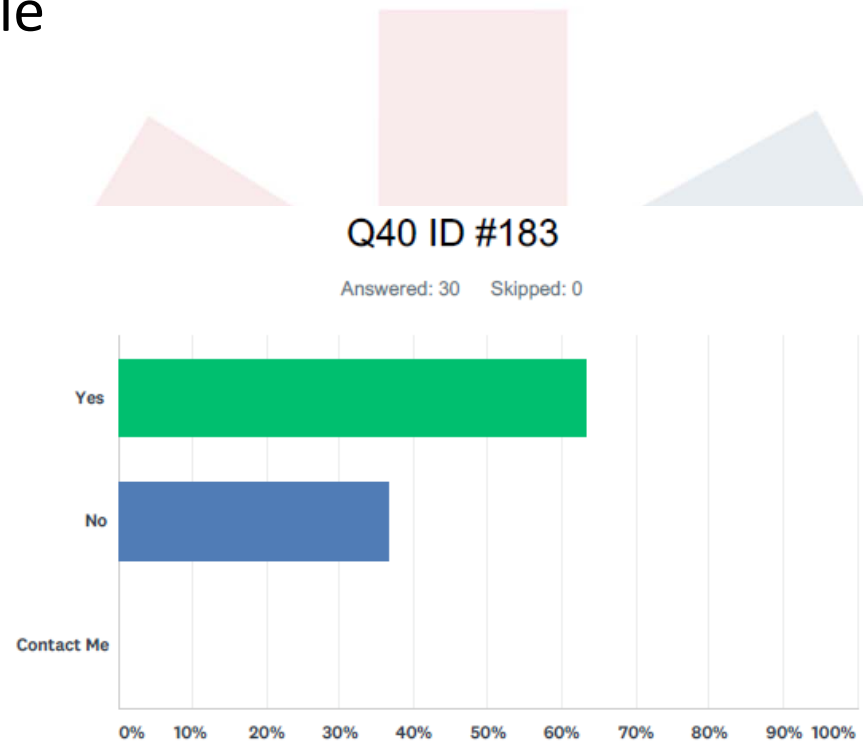
Defer: NEW eExam.xx (ID 152)

- Add NEW element
- eExam.xx - Patient Height/Length
 - Comment: This information is important for:
 - Collect information for the purpose of future design of medical transport vehicles (ground and air).
 - Automatic calculation of ideal body weight (IBW) is taken from height and weight.
 - Some mechanical ventilation settings (e.g. tidal volume) are calculated from height and weight or from ideal body weight (IBW).
 - Some medication administration is based on ideal body weight (IDW).



Defer: eResponse (ID 183)

- **eResponse.15** - Level of Care of This Unit
 - Change: Add value
 - EMT/ 12 Lead Capable

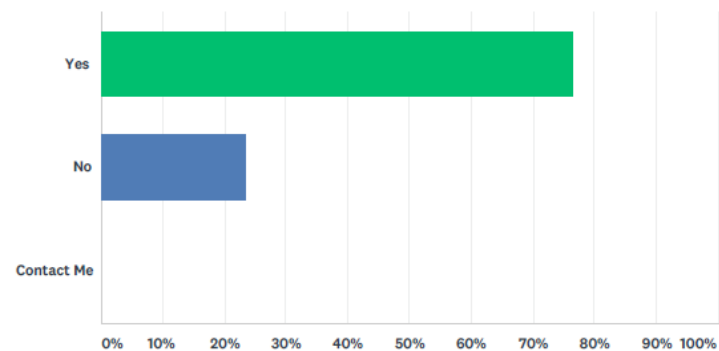


Defer: eProcedures (ID 193)

- **eProcedures.03 – Procedure**
 - Change: Add PN Value
 - No Procedure Performed
 - Comment: Not sure how different from NOT value
 - Not Applicable

Q41 ID #193

Answered: 30 Skipped: 0

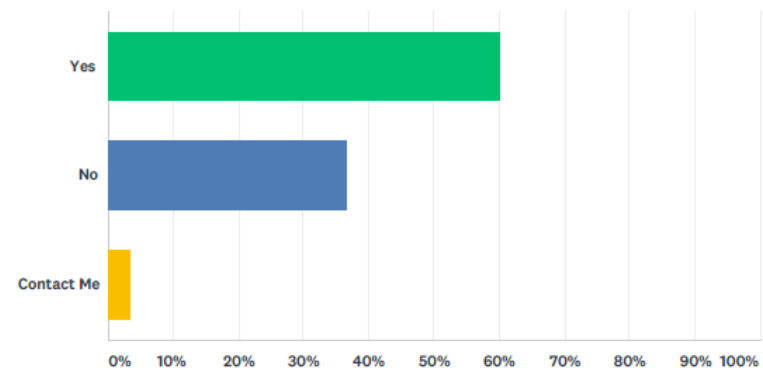


Defer: Phone Extension (ID 207)

- **dContact.10 and dPersonnel.09**
 - Change: Add attribute
 - PhoneNumberType called “Extension”
 - Comment: Demographic Phone Numbers should support a phone extension

Q42 ID #207

Answered: 30 Skipped: 0

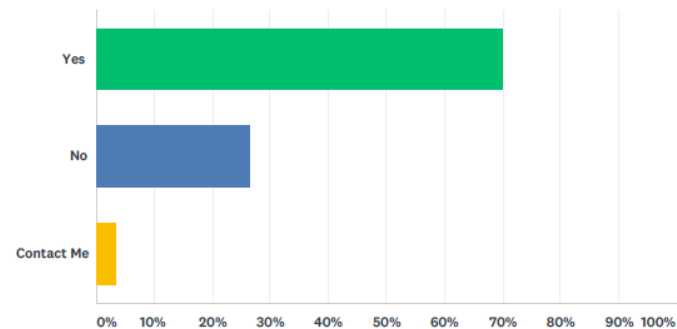


Defer: einjury (ID 212)

- **einjury.CollisionGroup**
 - Change: Remove ACN elements (einjury.CollisionGroup)
 - Comment: Create XSD/XML standard similar to CAD or Medical Device imports.

Q43 ID #212

Answered: 30 Skipped: 0



A night-time photograph of a ski resort. The image shows a large mountain range covered in snow, with several ski runs illuminated by bright yellow lights. The town below the mountain is also lit up, with warm orange and yellow lights from buildings and streetlights. The sky is a deep blue, suggesting twilight or early evening. The overall scene is a vibrant and festive winter landscape.

Thank you!