DMC Accepted Revision Requests

Based on DMC Final Review
Batch 2 of 3
February, 2018
Request Revision Decisions

• Past voting is listed on each slide
  – **Left:** Voting that occurred at the 2017 V3 Deer Valley Meeting
  – **Right:** Voting from the February 2018 V3 and DMC Calls

• Additional revision modifications are included...provided, in part, by
  • Utah, Orange County, etc....(added in **PURPLE**)

• Requests that will not be implemented are indicated.
Revise: eOther (ID 75)

- **eOther.06** - The Type of Work-Related Injury, Death or Suspected Exposure
  - Change: DataType
  - (TypeofSuspectedEMSBloodBodyFluidExposureInjuryorDeath) is still shown in the XSD as being an extension of a simple enumerated type named "TypeOfSuspectedExposureToBodilyFluids". The enumeration has been updated to include Injury and Death values, but the type name doesn't reflect that, which could lead to some confusion.
Revise: eVitals (ID 77)  Slide 1

- eVitals.30 - Stroke Scale Type
  - Change: Add Values
    - Boston Stroke Scale (BOSS)
    - Ontario Prehospital Stroke Scale (OPSS)
    - Melbourne Ambulance Stroke Screen (MASS)
    - Cincinnati Stroke Score (CSS)
    - Rapid Arterial Occlusion Evaluation (RACE)
    - Los Angeles Motor Score (LAMS)
    - FAST-ED
eVitals.30 - Stroke Scale Type

- Change: Rename Values
  - Cincinnati [Cincinnati Prehospital Stroke Scale (CPSS)]
  - Los Angeles [Los Angeles Prehospital Stroke Screen (LAPSS)]
  - Massachusetts [Massachusetts Stroke Scale (MSS)]
  - Miami Emergency Neurologic Deficit [Exam] (MEND)
  - NIH [NIH Stroke Scale (NIHSS)]
  - Other Stroke Scale Type
  - F.A.S.T. Exam
Revise: eVitals (ID 79)

- **eVitals.07** - Diastolic Blood Pressure
- **Change:** Revise Pattern
  - Revise to include values 1 through 9
Revise: eResponse (ID 80)

- **eResponse.15** - Level of Care of This Unit
  - Change: Add Values
    - BLS-Paramedic
    - ALS-First Responder/EMR
    - ALS-Basic/EMT

This issue is addressed with the eDisposition.12 revision

Not Implemented
Revise: Certification/Licensure Levels (ID 83)

- dConfiguration.02, dConfiguration.06, and dConfiguration.08
  - Change: Deprecate Values
    - Nurse Practitioner
    - Physician Assistant
    - LPN (licensed practical nurse)
    - Registered Nurse
  - Comment: These professionals not recognized as EMS personnel, licensed through the State
Revise: eInjury (ID 85)

- eInjury.03 and .04 – Relabel as both elements are part of CDC Trauma Center Criteria

**Change:** Add values:
- eInjury.03
  - Current: Trauma Center Criteria
  - Possible option: Trauma Triage Criteria (Steps 1 and 2)
- eInjury.04:
  - Current: Vehicular, Pedestrian, or Other Injury Risk Factor
  - Possible option: Trauma Triage Criteria (Steps 3 and 4)

- Comment: Need recommendations and consensus
Revise: eInjury (ID 88)

- **eInjury.03 - Trauma Center Criteria**
  - **Change:** Request to create clinical Schematron rule based on Trauma Center. This could be based on documentation of:
    - eDisposition.23 - Hospital Capability = “Trauma Center 1, 2, 3, 4) or Critical Access Hospital”
    - eDisposition.24 - Transport Team Pre-arrival Alert or Activation = 1) Yes-Adult Trauma, 2) Yes-Pediatric Trauma, or 3) Yes-Trauma (General)
  - **Comment:** There are rural hospitals that do not have a trauma center designation and the EMS crew will not be able to transport the patient to that type of facility.
Revise: eDisposition (ID 89)

- **eDisposition.19 - Final Patient Acuity**
  - **Change:** Add value:
    - **Dead with Resuscitation Efforts (Black)**
  - **Comment:** We use the initial and final patient acuity to determine patient acuity before and after EMS care. This value meets the needs of EMS to document resuscitative efforts were made.
Revise: eVitals (ID 90)

• **eVitals.18** - Blood Glucose Level
  – Change: Add PN:
    • High
    • Low

 Concern that this really is not a PN.
 Handle like eVitals.07...pattern. Limited
 concern about making a pattern.
Revise: eDispatch (ID 95)

- eDispatch.01 - Complaint Reported by Dispatch
  - Change: Add values:
    - Altered Mental Status
    - Intercept
    - Nausea and Vomiting

Separate Nausea and Vomiting
Revise: eVitals (ID 96)

- **eVitals.03** - Cardiac Rhythm/Electrocardiography (ECG)
  - **Change:** Add Values
    - STEMI Septal Ischemia
    - Non-STEMI Septal Ischemia
Revise: eHistory (ID 97)

- **eHistory.xx - New Element: Current Medication Frequency**
  - **Comment:** To accurately document frequency patient takes prescribed medications.
  - **Name:** Current Medication Frequency
  - **Definition:** The frequency of administration of the patient's current medication.
  - **Usage:** Optional

**Potential Code List:**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>qd (every day)</td>
<td>qid (four times a day)</td>
</tr>
<tr>
<td>qd-am (every day in the morning)</td>
<td>has (at bedtime)</td>
</tr>
<tr>
<td>qd-pm (every day in the evening)</td>
<td>qi (every hour)</td>
</tr>
<tr>
<td>bid (twice a day)</td>
<td>q2h (every 2 hours)</td>
</tr>
<tr>
<td>tad (three times a day)</td>
<td>q3h (every 3 hours)</td>
</tr>
</tbody>
</table>
Revise: eVitals (ID 98)

- **eVitals.04 - ECG Type**
  - Change: Add Value
    - 2-Lead ECG (pads or paddles)
  - Revise: 3304015 Other (AED, Not Listed) to:
    - 3304015 Other
Revise: eVitals (ID 99)

- eVitals.33 - Revised Trauma Score
  - Change: Modify maxInclusive
  - From 12 to 7.8408

Adjusted verses unadjusted versions of Revised Trauma Score [Add Attribute] Will revise to integer with 4 values after the decimal
Revise: eResponse (ID 104)

- **eResponse.23** - Response Mode to Scene
  - Change: Remove from definition
    - “(typically using lights and sirens)”
  - Comment: Not helpful for air medical and subjugates eResponse.24 - Additional Response Mode Descriptors
Revise: eMedications (ID 121)

• eMedications.04 - Medication Administered Route
  – Change: Add values:
    • Auto Injector
    • BVM
    • CPAP
    • IV Pump

There is interest in splitting into two elements:
Route and Devise/Method
Revise: eSituation (ID 122)

- **eSituation.01** – Date/Time of Symptom Onset
  - Change: Add PN Value
  - 8801023 - Unable to Complete
  - Comment: Recommendation from DMC membership April 2017.

Add additional PN = “Approximate”
Workforce Definitions (ID 124)

- **Incorporate NHTSA Workforce definitions**
  - **Change:** No changes to technical standard
  - **Comment:** Will be incorporated when V3 data definitions are considered by the NASEMSO DMC.
Revise: eDevice (ID 134)

- **eDevice.03 - Medical Device Event Type**
  - **Change:** Correct typo in XSD:
    - **Current:** Date Transmitted
    - **Proposed:** Data Transmitted
Revise: eOther (ID 136)

- **eOther.07** - Natural, Suspected, Intentional, or Unintentional Disaster
  - **Change:** Add Values
    - Earthquake
    - Flood
    - Land Slide

Add additional common weather events (eg, “Blizzard”) and a Weather (Other) value.
Revise: eMedications (ID 148)

- **eMedications.04 - Medication Administered Route**
  - **Change:** Add values:
    - Nebulizer
    - Umbilical Artery Catheter
    - Umbilical Venous Catheter

**eMedications.06: Deprecate**
- 3706011 Liters Per Minute (l/min [fluid])

There is interest in splitting into two elements: Route and Devise/Method.
Revise: eScene (ID 156)

- **eScene.20** - Scene Cross Street or Directions
  - Change: Extend maxLength
    - Current 50
    - Proposed: 255
Revise: eDisposition (ID 162)

- eDisposition.15 - How Patient Was Transported From Ambulance
  - Change: Element Name:
    - Proposed: How Patient Was Moved From Ambulance
  - Change: Element Recurrence:
    - Current: 0:1
    - Proposed: 0:M
  - Comment: Change the element name and recurrence to match eDisposition.13 and allow crew to document more than one method as needed. The name change will also reflect the definition.
Revise: dAgency (ID 163)

- **dAgency.17 - Total Service Area Population**
  - **Change Constraints:**
  - **Current maxInclusive:** 4,000,000
    - **Proposed maxInclusive:**
      - **Option 1:** 400,000,000
  - **Comment:** Increase the maxInclusive to 400,000,000, which should cover the projected population of the entire US through at least 2030.
Revise: eExam (ID 166)

- **eExam.18 - Eye Assessment**
  - **Change:** Add values:
    - Pupils-Dilated
    - Pupils-Pin Point

- **Comment:** RECOMMENDATION from DMC membership April 2017.
### eLabs.03 - Laboratory Result Type

**Change:** Add values:

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT Celite (ACTc)</td>
<td>Mean Corpuscular Hemoglobin Concentration (MCHC)</td>
</tr>
<tr>
<td>ACT Kaolin (ACTk)</td>
<td>Mean Corpuscular Volume (MCV)</td>
</tr>
<tr>
<td>Bands</td>
<td>Monocytes</td>
</tr>
<tr>
<td>Basophils</td>
<td>Myoglobin</td>
</tr>
<tr>
<td>Creatine Phosphokinase (CK)</td>
<td>Neutrophils</td>
</tr>
<tr>
<td>Eosinophils</td>
<td>Oxygen Saturation (SaO2)</td>
</tr>
<tr>
<td>Erythrocyte Count</td>
<td>Oxygen Volume/Content (SVO2)</td>
</tr>
<tr>
<td>Erythrocyte Morphology</td>
<td>Phosphorus (PO4)</td>
</tr>
<tr>
<td>Erythrocyte Sedimentation Rate</td>
<td>Prothrombin test time (PT/INR)</td>
</tr>
<tr>
<td>High-Sensitivity C-reactive Protein (hs-CRP)</td>
<td>Red Cell Distribution Width (RDW)</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>Reticulocyte Count</td>
</tr>
<tr>
<td>Mean Corpuscular Hemoglobin (MCH)</td>
<td>Troporin T (cTnT)</td>
</tr>
</tbody>
</table>
CARES Revision Request (ID 169)

- More fully align with CARES
  - Change: potentially 12 element modifications
  - Comment: Several meetings this Summer. Have decided to concentrate on more fundamental differences with Stakeholder groups.
Revise: eExam (ID 177) slide 1

• Separate Chest/Lungs Assessment to have a separate elements for Location and Assessment for each

  Comment: Request to separate the exam location and assessment section for Chest and Lungs currently combined as eExam.08 - Chest/Lungs Assessment to provide for clarity of Chest vs Lung Sounds assessments.
• **Separate Chest/Lungs Assessment**

• **Option 2: Chest Grouping**
  
  - Location
    - Left - Anterior
    - Left - Posterior
  
  - Right - Anterior
  - Right - Posterior
  
  - General - Anterior
    - General - Posterior
    - Left - Side
    - Right - Side

• Assessment ...multiple value options

The second option (slide 3) is better but the split between anterior and posterior is confusing. Lungs sounds are taken posteriorly.
• **Separate Chest/Lungs Assessment**

• **Option 2: Lung Grouping**
  - Location – simple: Left, Right, Bilateral
  - Location – detailed:
    - Left Lower Lobe (LLL) – Anterior
    - Left Lower Lobe (LLL) - Posterior
    - Left Upper Lobe (LUL) - Anterior
    - Left Upper Lobe (LUL) - Posterior
    - Right Lower Lobe (RLL) - Anterior
    - Right Lower Lobe (RLL) - Posterior
    - Right Upper Lobe (RUL) - Anterior
    - Right Upper Lobe (RUL) - Posterior
    - Right Middle Lobe (RML) - Anterior
    - Right Middle Lobe (RML) - Posterior
    - Bilateral
  - Assessment ...multiple value options
Revise: eExam (ID 181)

- eExam.19 - Mental Status Assessment
  - Change: Deprecate:
    - Pharmacologically Sedated/Paralyzed
  - Change: Add values:
    - Pharmacologically Paralyzed
    - Pharmacologically Sedated
  - Comment: A patient may be sedated but not paralyzed.
Revise: eMedications (ID 186)

- **eMedications.03 - Medication Given**
  - **Change:** Element Name
    - **Current:** Medication Given
    - **Proposed:** Medication Administered
  - **Comment:** For consistency with the terminology within the eMedications section, request to change the name of element eMedications.03 to "Medication Administered".
Revise: eMedications (ID 190)

- eMedications.06 - Medication Dosage Units
  - Change: Add values:
    - Milligrams per Hour
Revise: eOther (ID 199)

• **eOther.15 - Signature Status**
  – **Change: Definition**
  • **Current:** Indication that a patient or patient representative signature has been collected or attempted to be collected.
  • **Proposed:** Indication that the signature for the Type of Person Signing (eOther.12) and Signature Reason (eOther.13) has been collected or attempted to be collected.
Revise: eDisposition (ID 201)

- eDisposition.22 - Hospital In-Patient Destination
  - Change: Update XSD to correct & sign:
    - Current: `<xs:documentation>Hospital-Labor & Delivery</xs:documentation>`
    - Proposed: `<xs:documentation>Hospital-Labor AND Delivery</xs:documentation>`
  - Comment: Update the XSD expression for "&". Change "&" to "AND" and problem will go away
Revise: eHistory (ID 202)

- **eHistory.17 - Alcohol/Drug Use Indicators**
  - **Change:** Deprecate:
    - PN Value: Refused - 8801019
    - Code Value: Smell of Alcohol on Breath - 3117011
  - **Change:** Add values:
    - Physical exam indicates suspected alcohol or drug use
  - **Comment:** RECOMMENDATION from DMC membership March 2016.
Revise: eArrest (ID 203)

• eArrest.02 - Cardiac Arrest Etiology
  – Change: Deprecate values:
    • Exsanguination
    • Other
  – Change: Revise values:

<table>
<thead>
<tr>
<th>To (Update)</th>
<th>From (Current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (Presumed cardiac or unknown other medical etiologies)</td>
<td>Cardiac (Presumed)</td>
</tr>
<tr>
<td>Drowning</td>
<td>Drowning/Submersion</td>
</tr>
<tr>
<td>Asphyxial (External cause)</td>
<td>Respiratory/Asphyxia</td>
</tr>
<tr>
<td>Traumatic Cause</td>
<td>Trauma</td>
</tr>
</tbody>
</table>

– Comment: Cardiac Arrest Etiology still references the 2004 UTSTEIN criteria. This needs to be reviewed and updated to 2014 version.
Revise: dFacility (ID 206)

• **dFacility.01 - Type of Facility**
  - Change: Add values:
    • Cancer Center
    • Freestanding Emergency Department
  - **Comment**: Work to align the value choices in eDisposition.21 - Type

Ensure comparability between dFacility.01 and eDisposition.21
Revise: eMedications (ID 209)

- **eMedications.10 - Role/Type of Person Administering Medication**
  - **Change**: Deprecate / Separate:
    - Patient/Lay Person
  - **Change**: Add values:
    - Patient
    - Lay Person
    - Law Enforcement
    - Family Member
    - Fire Personnel (non EMS)
  - **Comment**: To meet the needs of the public administering Naloxone each time needs to be identified.

RECOMMENDATION from DMC membership April 2017.

Definition needs to be revised to include non-professional value choices
Finished with Part 2 of 3! Thank you!