

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.

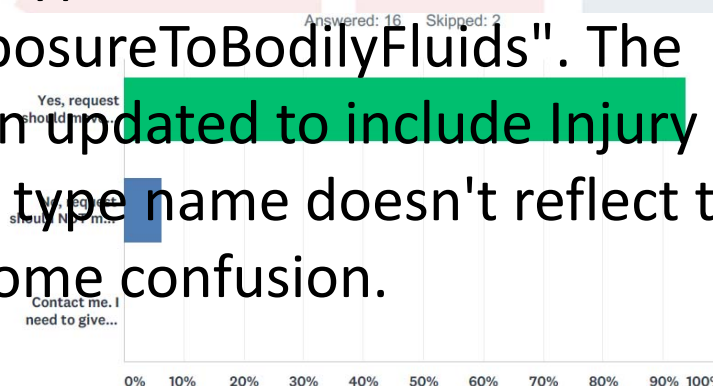
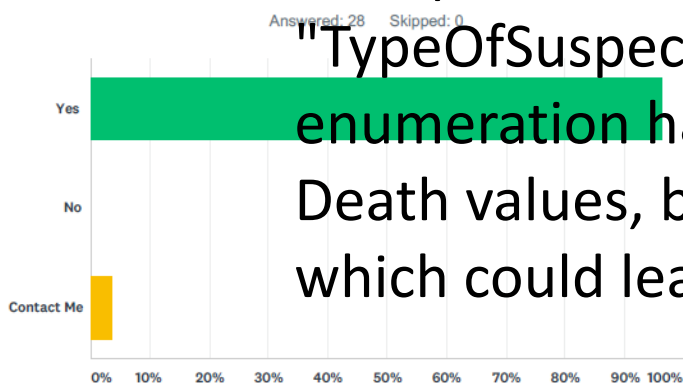
Revise: eOther (ID 75)

- **eOther.06** - The Type of Work-Related Injury, Death or Suspected Exposure

- **Change: DataType**

- (TypeofSuspectedEMSBloodBodyFluidExposureInjuryor Death) 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

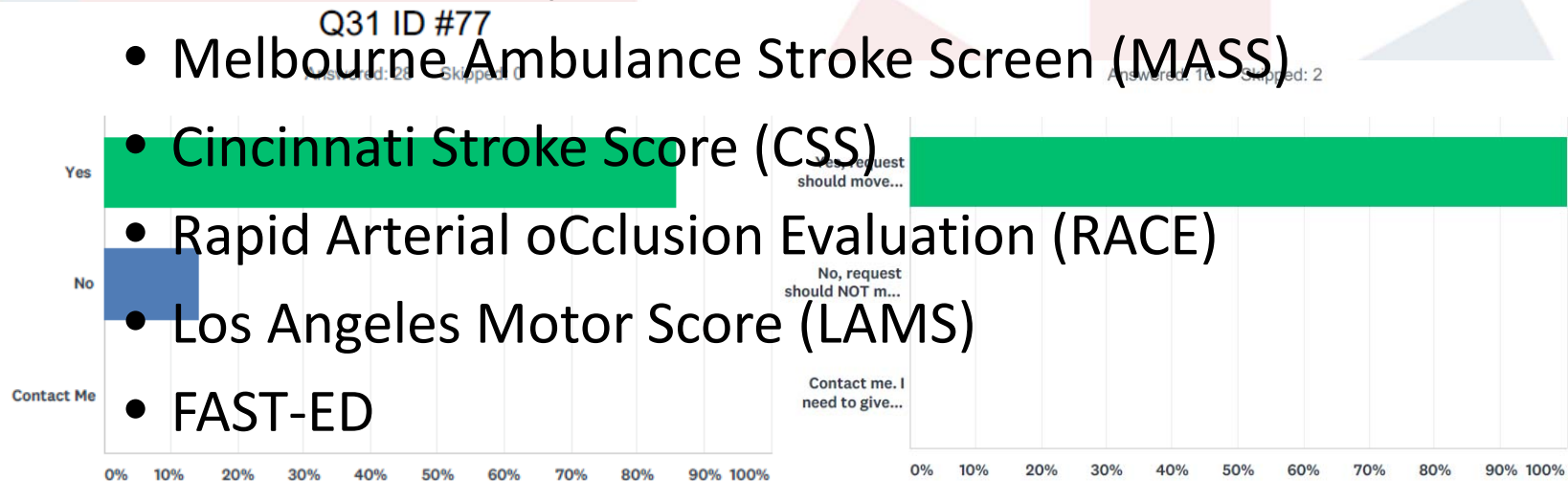
- Change: Add Values

- 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



Revise: eVitals (ID 77) Slide 2

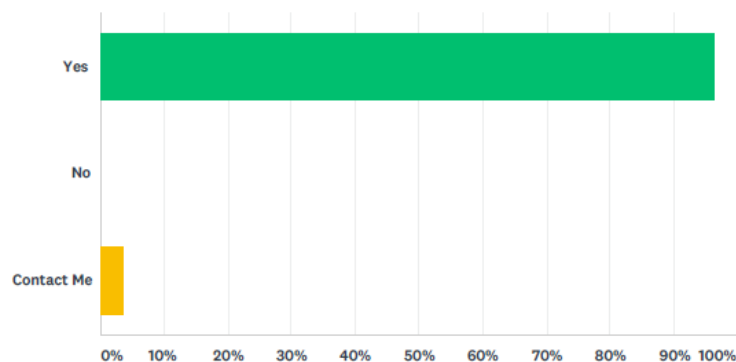
- **eVitals.30** - Stroke Scale Type
 - Change: Rename Values
 - Cincinnati [Cincinnati Prehospital Stroke Scale (CPSS)]
 - Los Angeles [Los Angeles Prehospital Stroke Screen (LAPSS)]
 - Massachusetts [Massachusetts Stroke Scale (MSS)]
 - Miami Emergency Neurologic Deficit [Exam] (MEND)
 - NIH [NIH Stroke Scale (NIHSS)]
 - Other Stroke Scale Type
 - F.A.S.T. Exam

Revise: eVitals (ID 79)

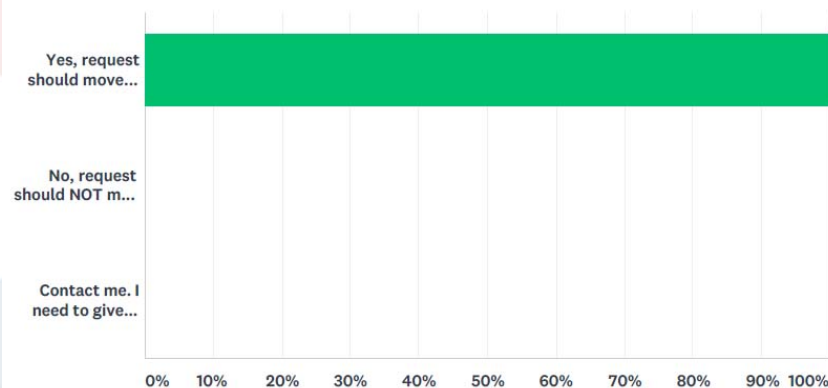
- **eVitals.07** - Diastolic Blood Pressure
- Change: Revise Pattern
 - Revise to include values 1 through 9

Q32 ID #79

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



Revise: eResponse (ID 80)

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

This issue is addressed with
the eDisposition.12 revision

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



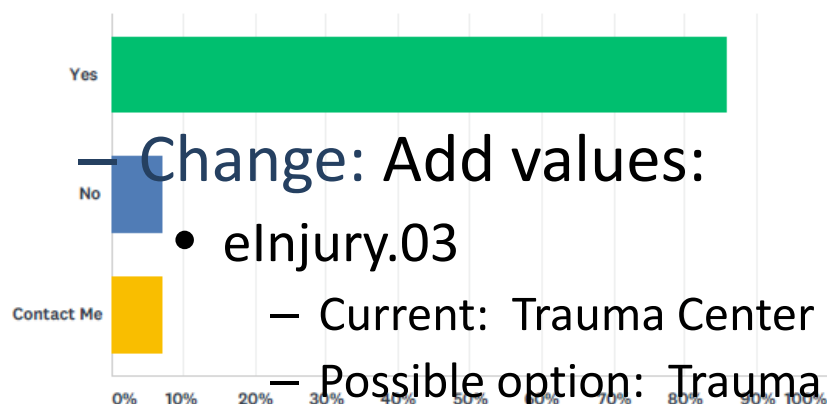
Comment: These professionals not recognized as EMS personnel, licensed through the State

Revise: eInjury (ID 85)

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

Q35 ID #85

Answered: 28 Skipped: 0



Change: Add values:

- eInjury.03

– Current: Trauma Center Criteria

– Possible option: Trauma Triage Criteria (Steps 1 and 2)

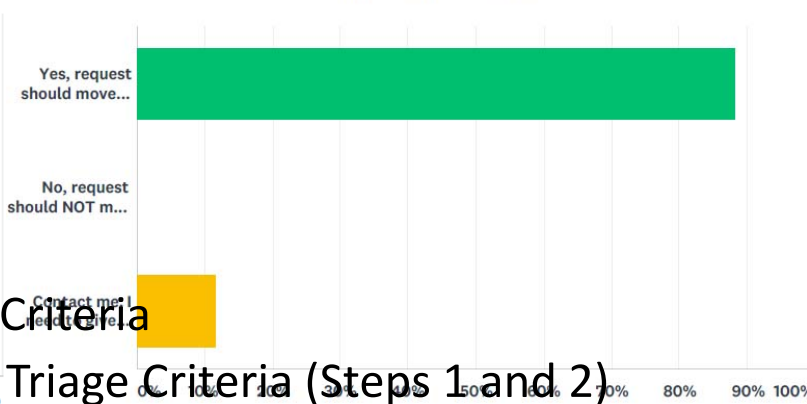
- eInjury.04:

– Current: Vehicular, Pedestrian, or Other Injury Risk Factor

– Possible option : Trauma Triage Criteria (Steps 3 and 4)

– Comment: Need recommendations and consensus

Answered: 17 Skipped: 1



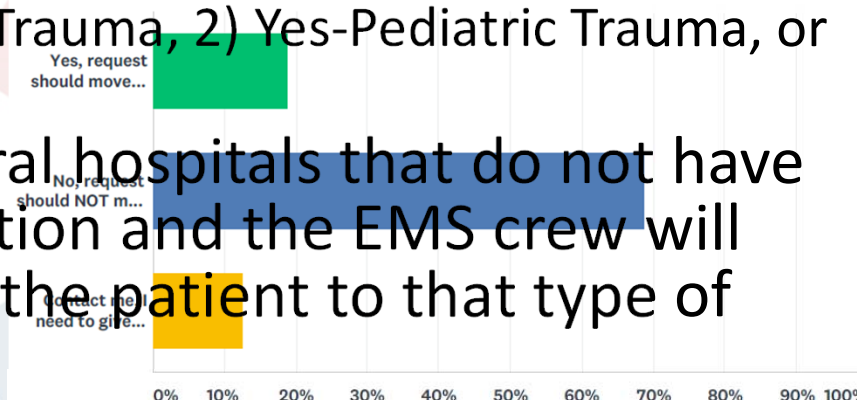
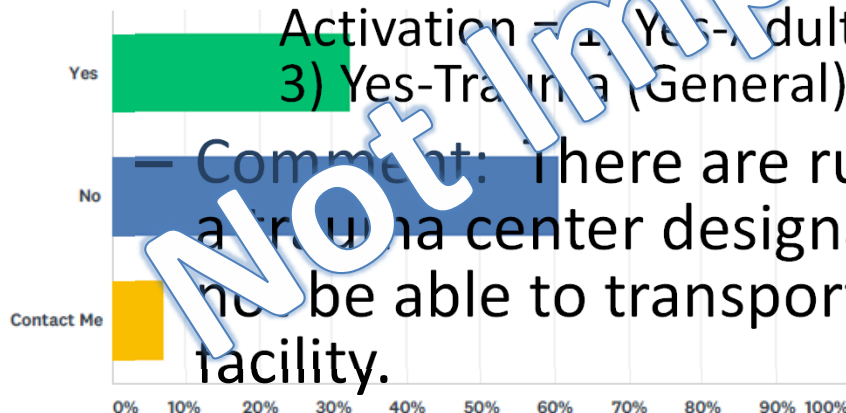
Revise: eInjury (ID 88)

• eInjury.03 - Trauma Center Criteria

- Change: Request to create clinical decision rule based on Trauma Center. This could be based on documentation of:

- eDisposition.23 - Hospital Capability = "Trauma Center 1, 2, 3, or 4) or Critical Access Hospital"
- eDisposition.24 - Resuscitation 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.



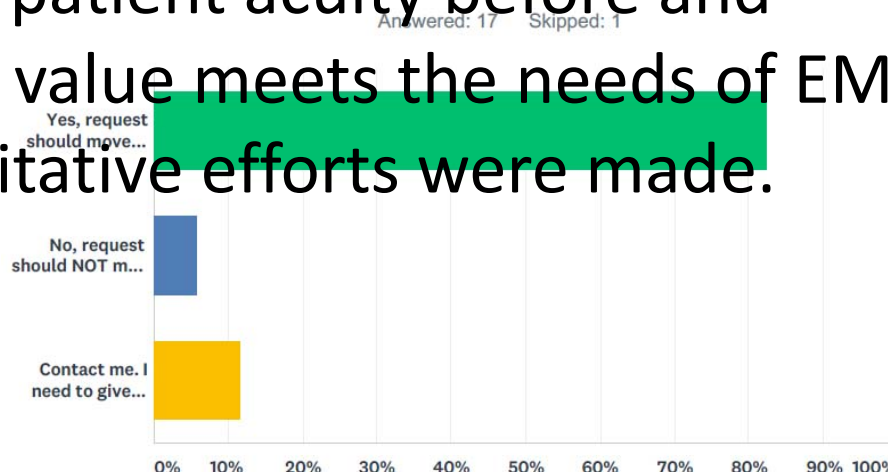
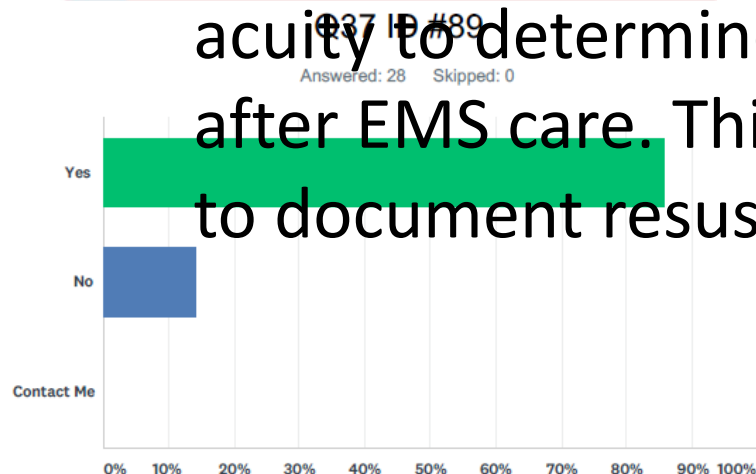
Revise: eDisposition (ID 89)

- **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

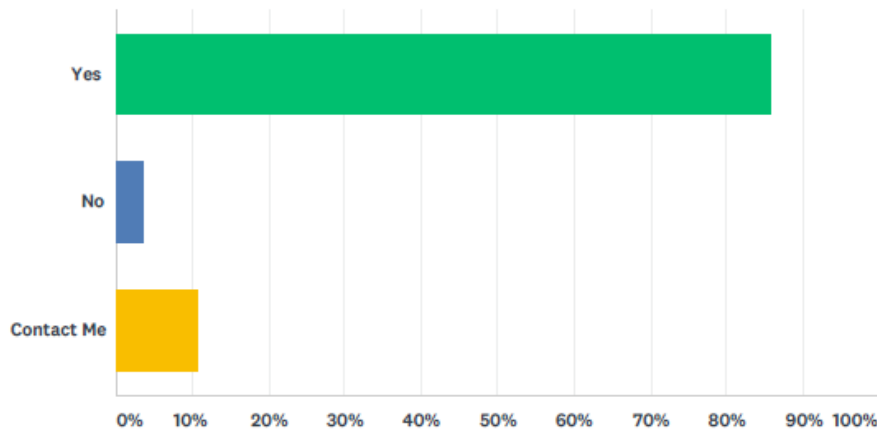
- Change: Add PN:

- High

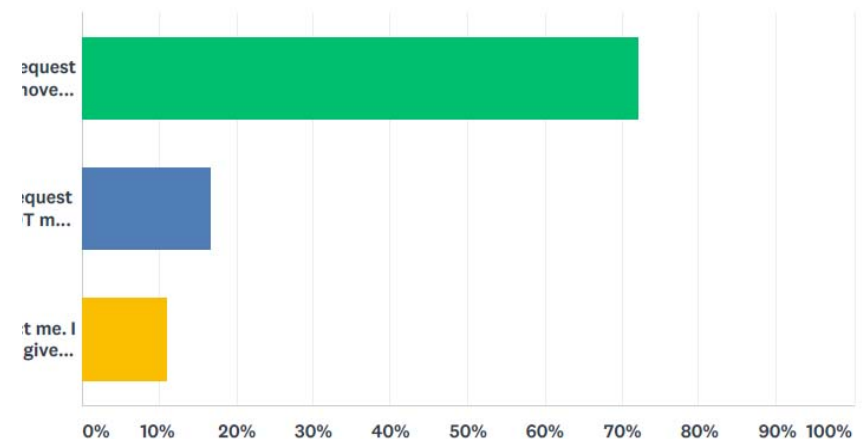
- Low

Q38 ID #90

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



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

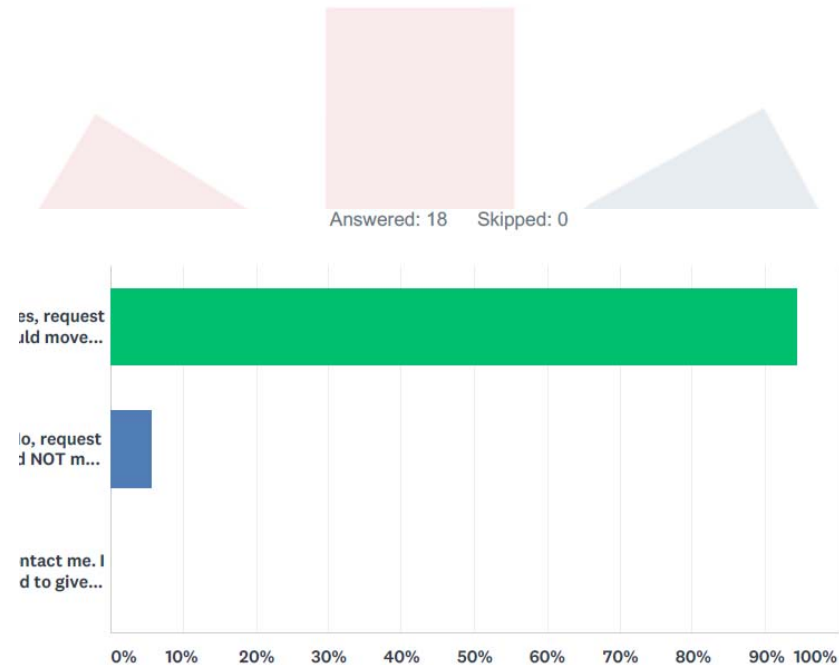
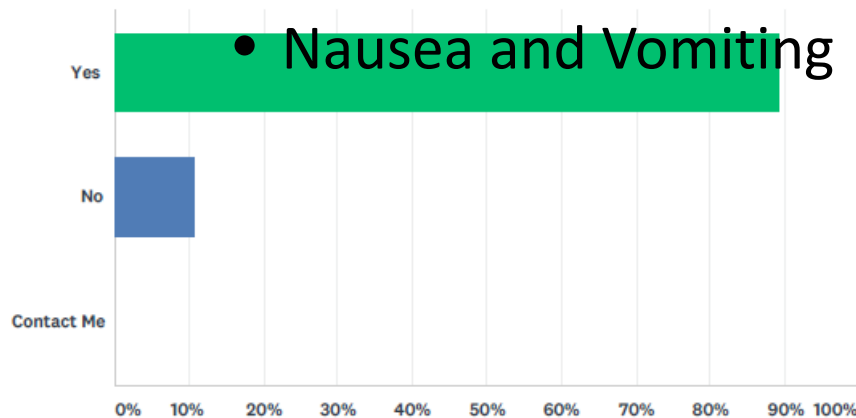
– Change: Add values:

- Altered Mental Status

Q39 ID #95

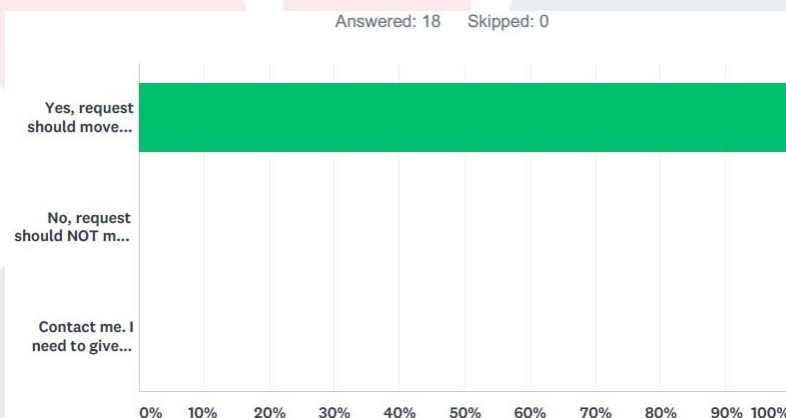
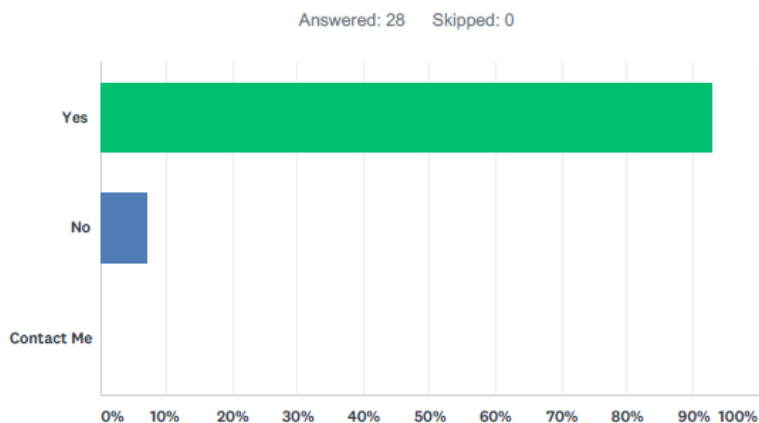
- Intercept

- Nausea and Vomiting



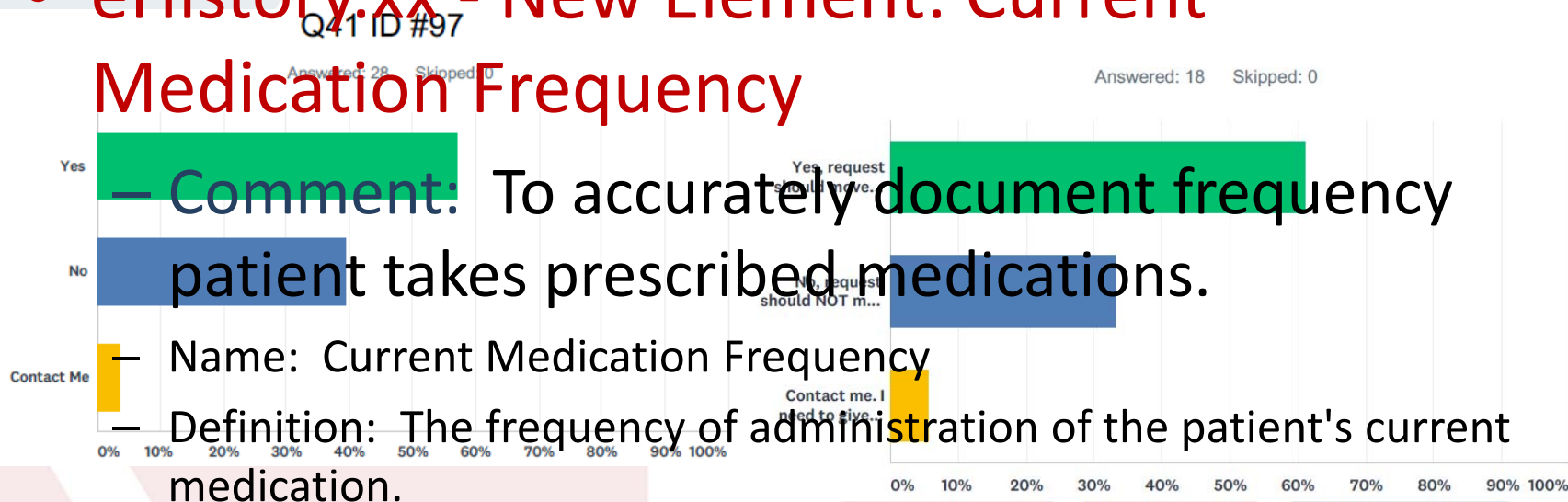
Revise: eVitals (ID 96)

- **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:

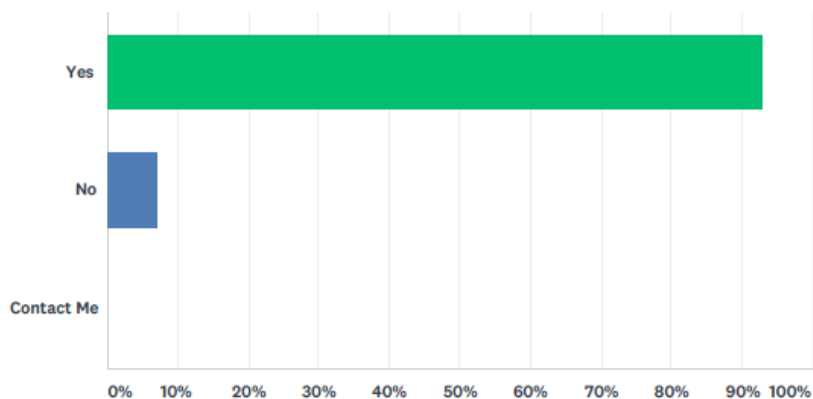
qd (every day)	qid (four times a day)	q4h (every 4 hours)
qd-am (every day in the morning)	has (at bedtime)	sod (every other day)
qd-pm (every day in the evening)	qi (every hour)	prn (as needed)
bid (twice a day)	q2h (every 2 hours)	ac (before meals)
tad (three times a day)	q3h (every 3 hours)	pc (after meals)

Revise: eVitals (ID 98)

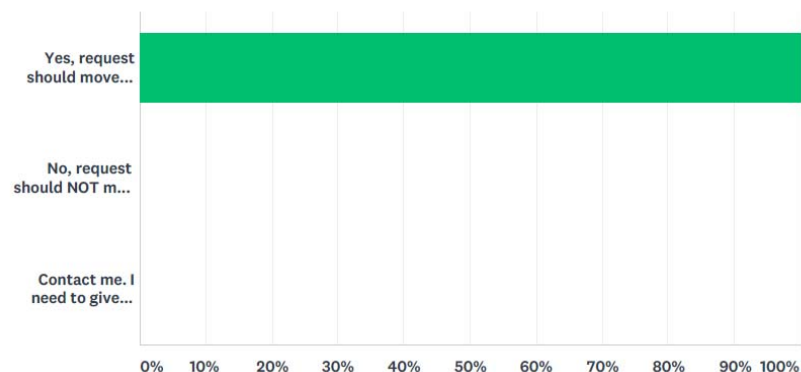
- **eVitals.04** - ECG Type
 - Change: Add Value
 - 2-Lead ECG (pads or paddles)
 - Revise: 3304015 Other (AED, Not Listed) to:
 - 3304015 Other

Q42 ID #98

Answered: 20 Skipped: 0



Answered: 18 Skipped: 0

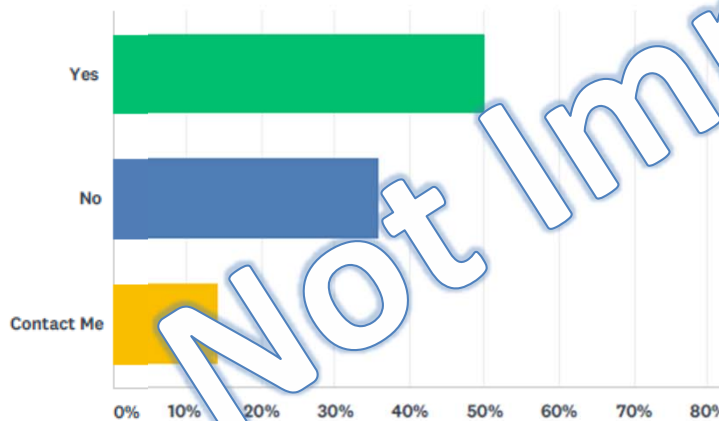


Revise: eVitals (ID 99)

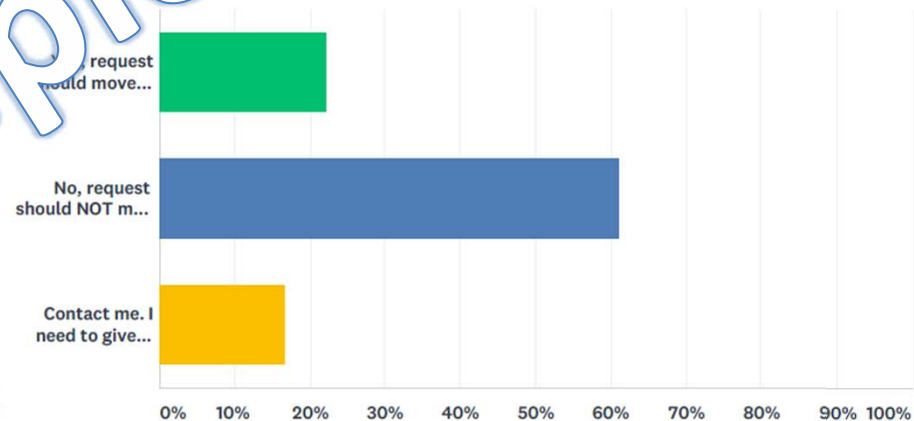
- eVitals.33 - Revised Trauma Score
 - Change: Modify maxInclusive
 - From 12 to 7.8408

Q43 ID #99

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0

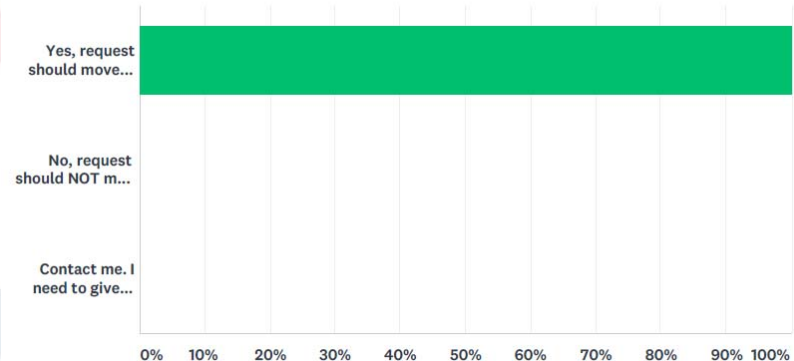
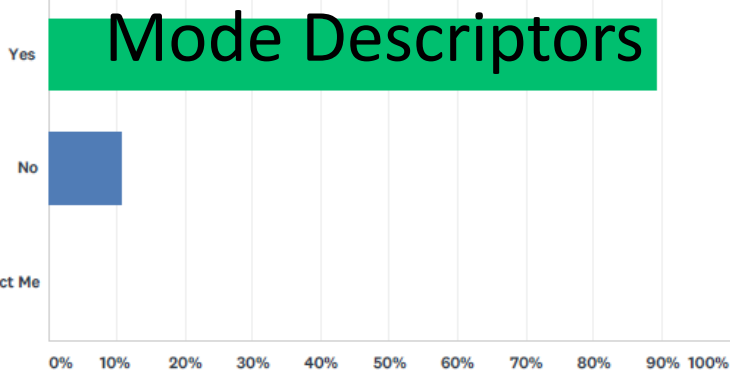


Adjusted verses unadjusted
versions of Revised Trauma
Score [Add Attribute]

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

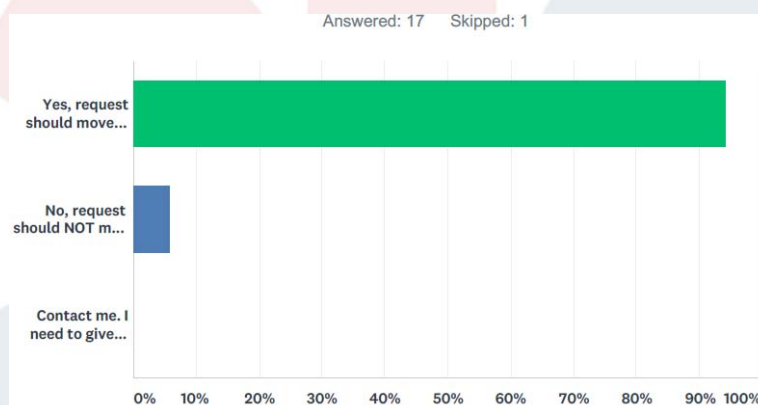
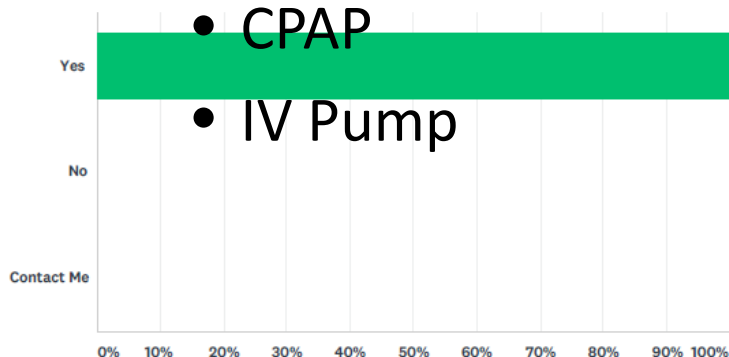


Revise: eMedications (ID 121)

• eMedications.04 - Medication Administered Route

– Change: Add values:

- Auto Injector
- BVM
- CPAP
- IV Pump

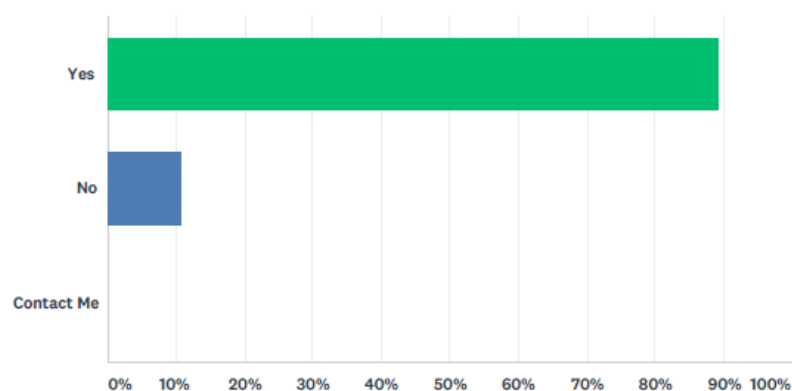


There is interest in splitting into two elements:
Route and Devise/Method

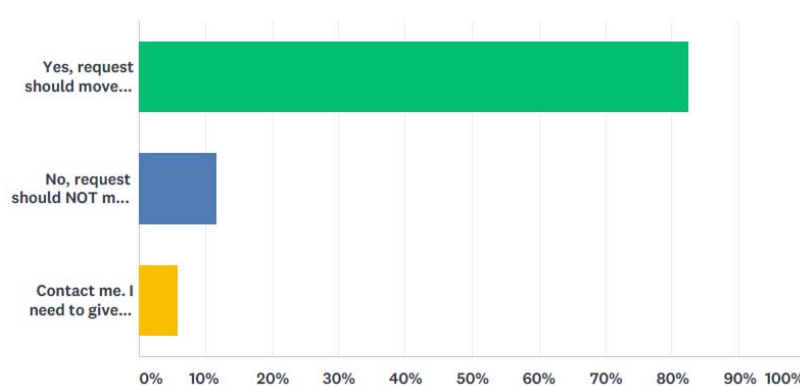
Revise: eSituation (ID 122)

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

Q46 #122
Answered: 28 Skipped: 0



Q46 #122
Answered: 17 Skipped: 1

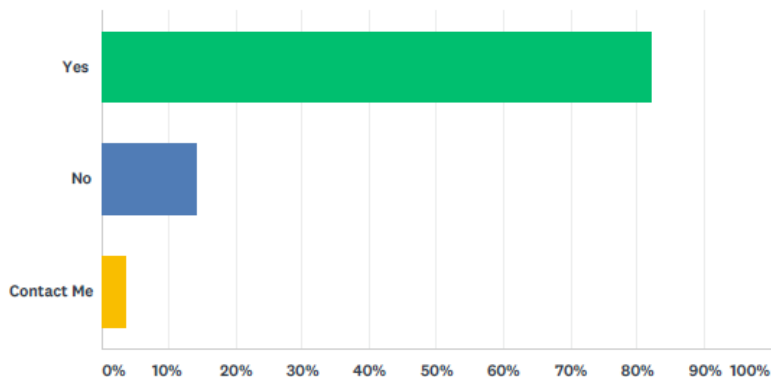


Workforce Definitions (ID 124)

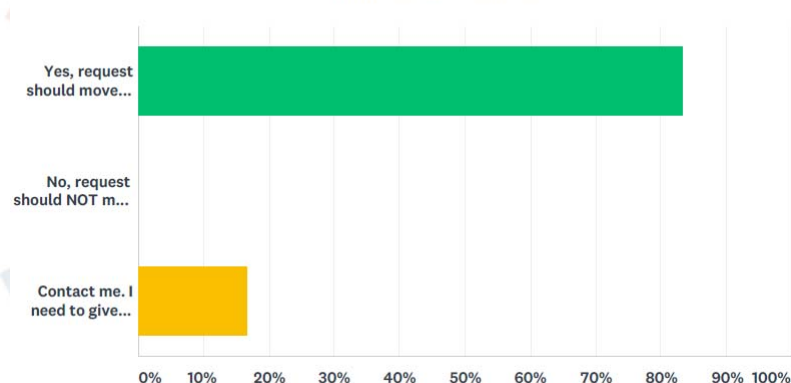
- **Incorporate NHTSA Workforce definitions**
 - Change: No changes to technical standard
 - Comment: Will be incorporated when V3 data definitions are considered by the NASEMSO DMC.

Q47 ID #124

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0

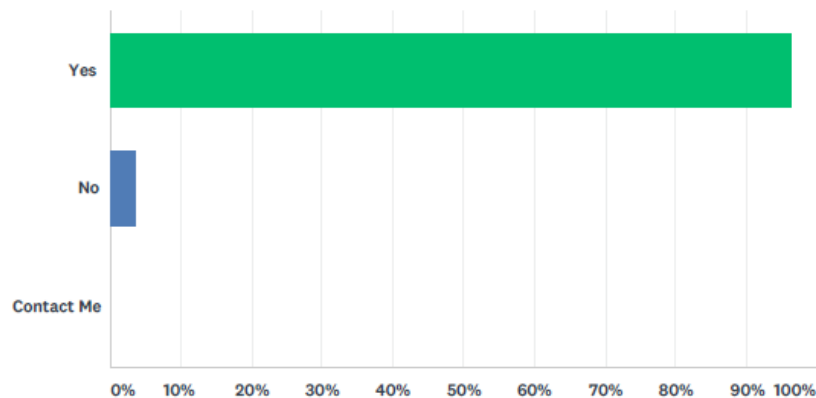


Revise: eDevice (ID 134)

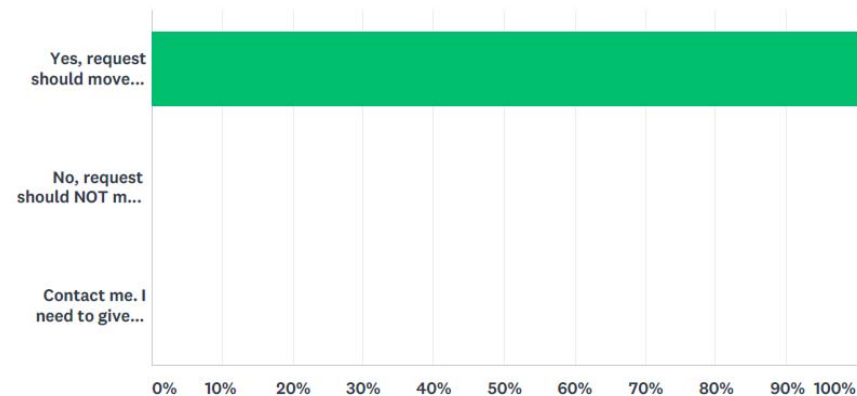
- **eDevice.03 - Medical Device Event Type**
 - Change: Correct typo in XSD:
 - Current: Date Transmitted
 - Proposed: Data Transmitted

Q48 ID #134

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



Revise: eOther (ID 136)

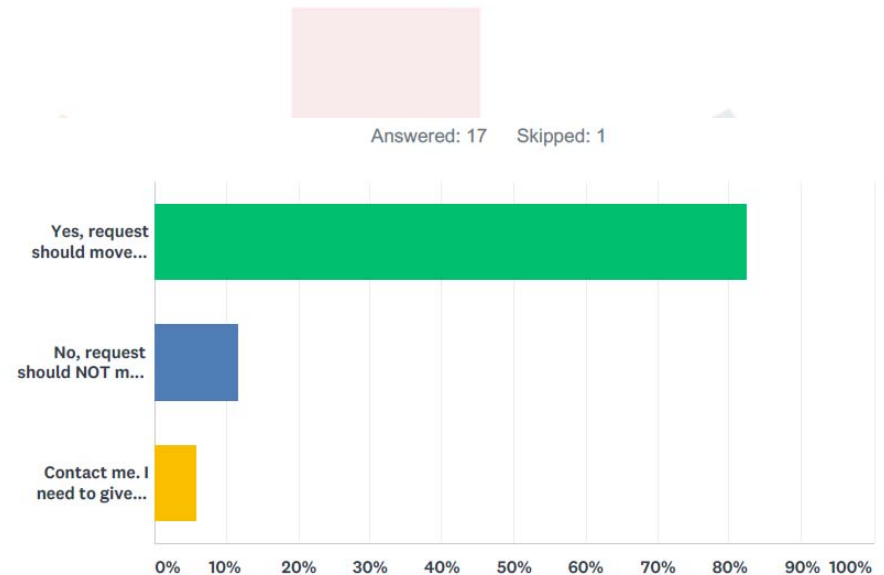
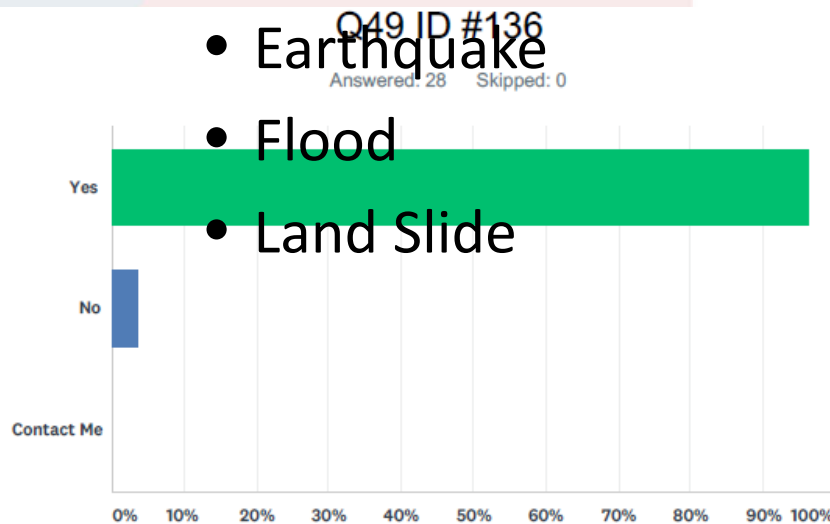
- **eOther.07** - Natural, Suspected, Intentional, or Unintentional Disaster

– Change: Add Values

- Earthquake

- Flood

- Land Slide



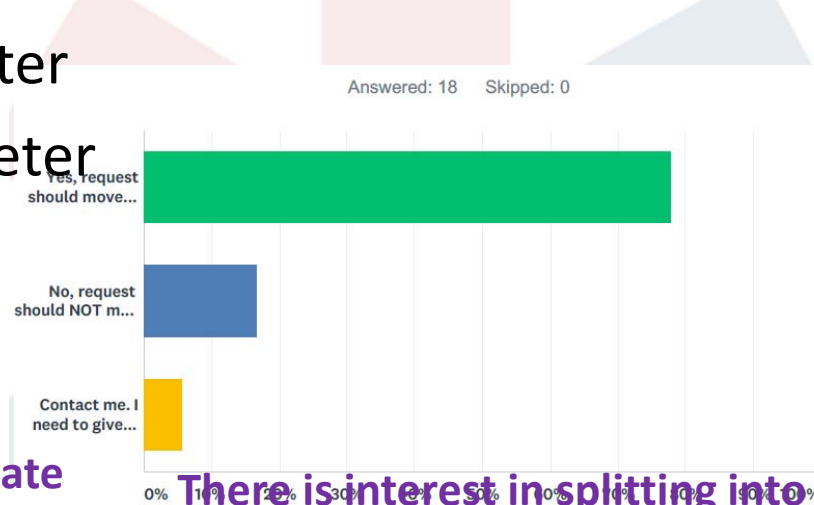
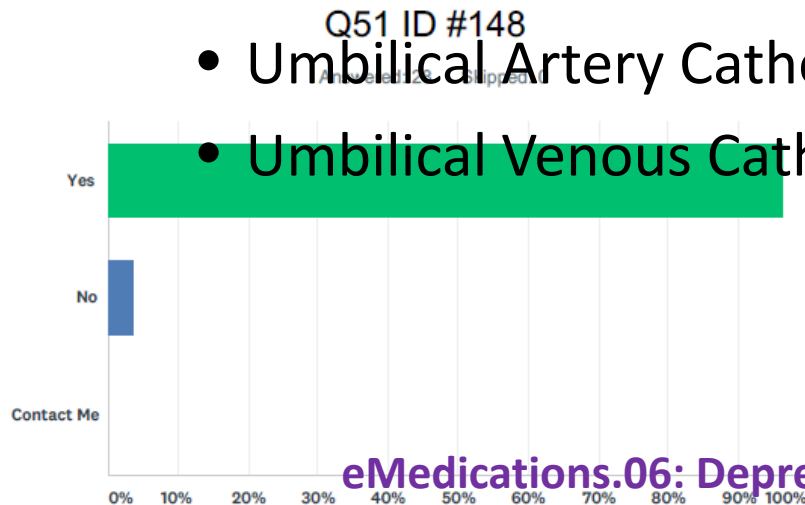
Add additional common weather events (eg, "Blizzard") and a Weather (Other) value.

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])

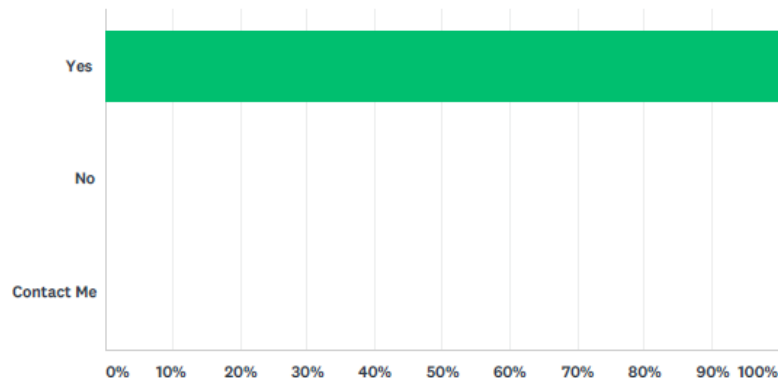
There is interest in splitting into two
elements: Route and Devise/Method

Revise: eScene (ID 156)

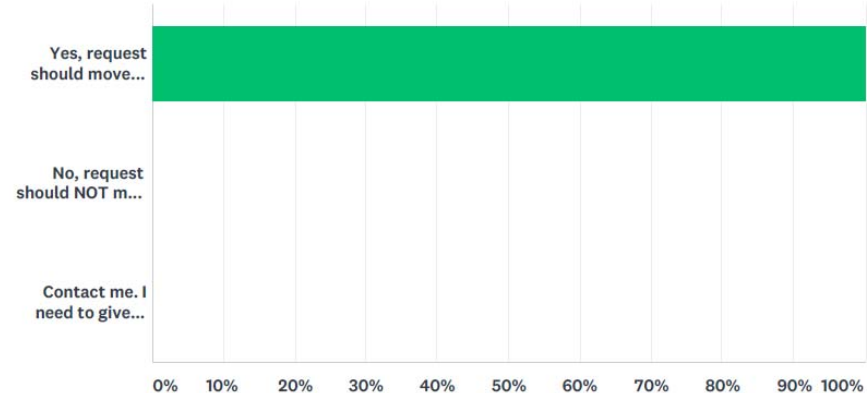
- **eScene.20** - Scene Cross Street or Directions
 - Change: Extend maxLength
 - Current 50
 - Proposed: 255

Q52 ID #156

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



Revise: eDisposition (ID 162)

- eDisposition.15 - How Patient Was Transported From Ambulance

- Change: Element Name:

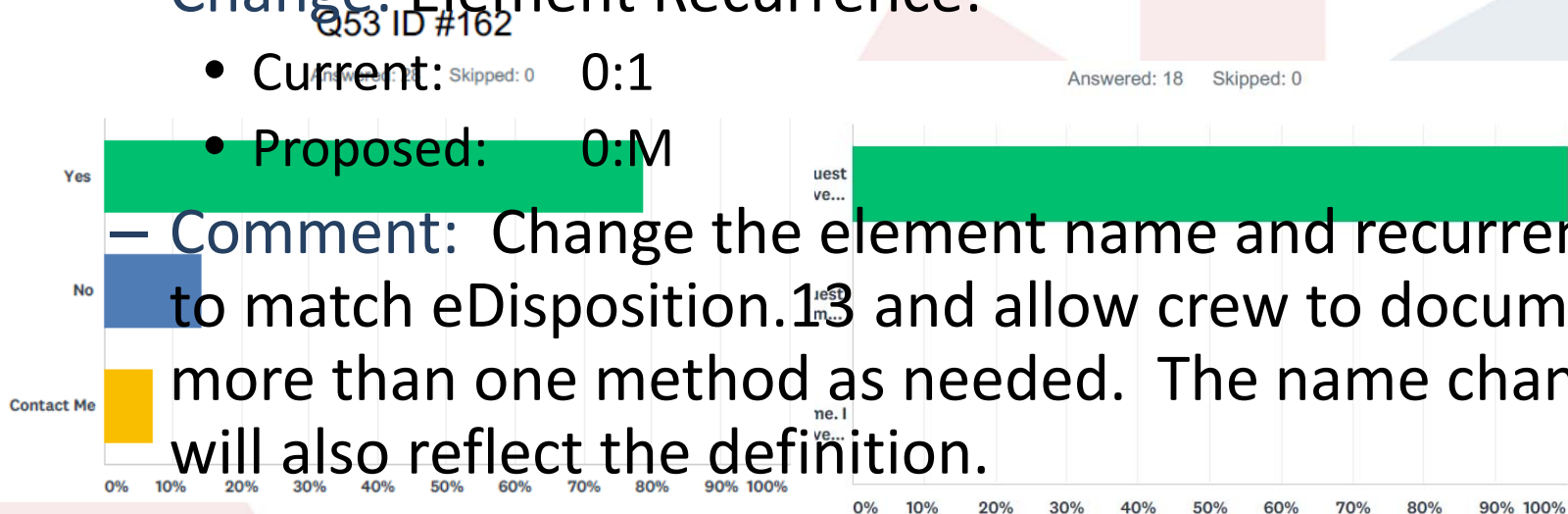
- Proposed: How Patient Was Moved From Ambulance

- 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:

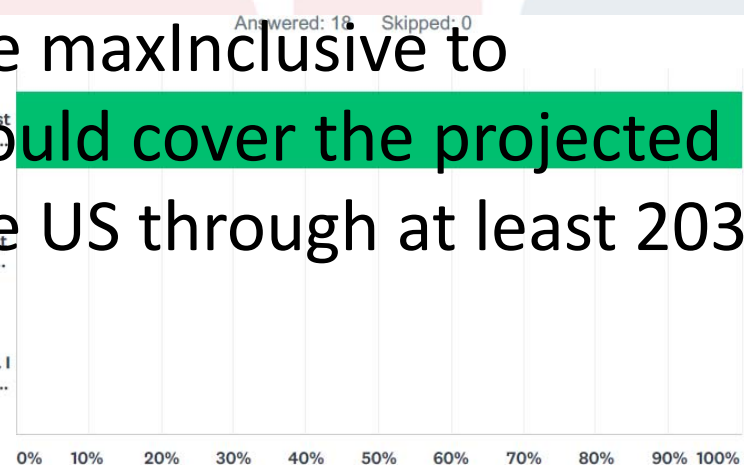
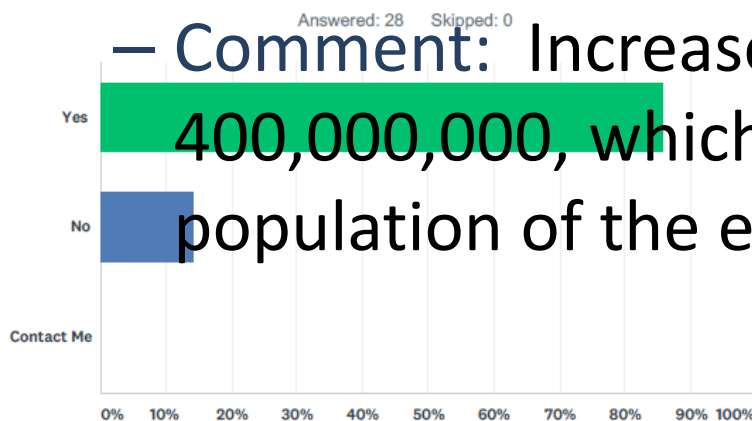
- Current maxInclusive: 4,000,000

- 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)

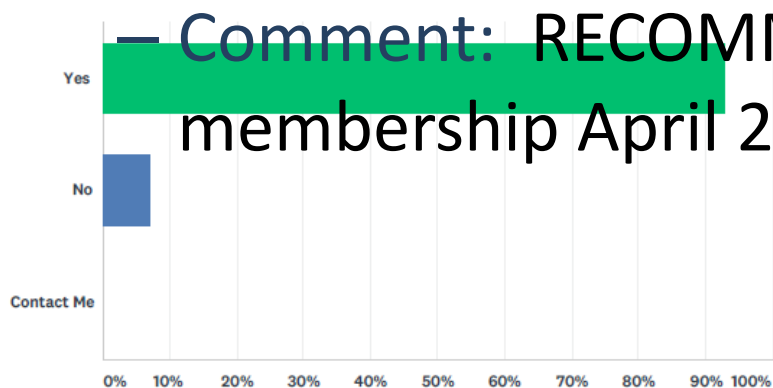
- eExam.18 - Eye Assessment

- Change: Add values:

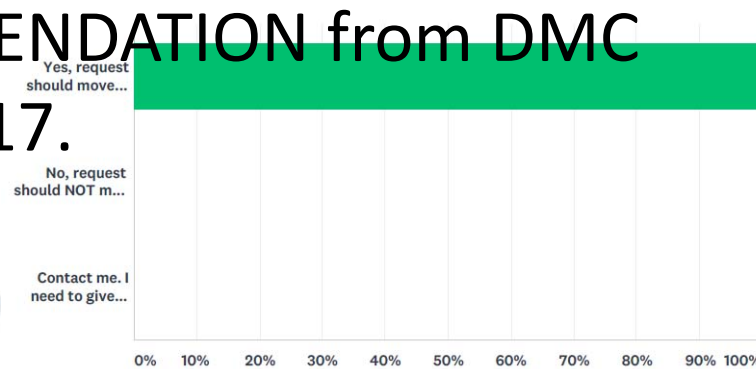
- Pupils-Dilated
- Pupils-Pin Point

Q55 ID #166

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



Revise: eLabs (ID 168)

Q56 ID #168

Answered: 28 Skipped: 0

• eLabs.03 - Laboratory Result Type

Yes

Yes, request
should move...

No

No, request
should NOT m...

Change: Add values:

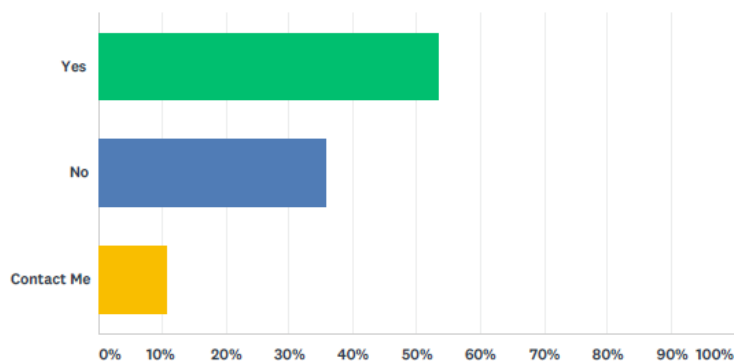
ACT Celite (ACTc)	Mean Corpuscular Hemoglobin Concentration (MCHC)
ACT Kaolin (ACTk)	Mean Corpuscular Volume (MCV)
Bands	Monocytes
Basophils	Myoglobin
Creatine Phosphokinase (CK)	Neutrophils
Eosinophils	Oxygen Saturation (SaO2)
Erythrocyte Count	Oxygen Volume/Content (SVO2)
Erythrocyte Morphology	Phosphorus (PO4)
Erythrocyte Sedimentation Rate	Prothrombin test time (PT/INR)
High-Sensitivity C-reactive Protein (hs-CRP)	Red Cell Distribution Width (RDW)
Lymphocytes	Reticulocyte Count
Mean Corpuscular Hemoglobin (MCH)	Troponin T (cTnT)

CARES Revision Request (ID 169)

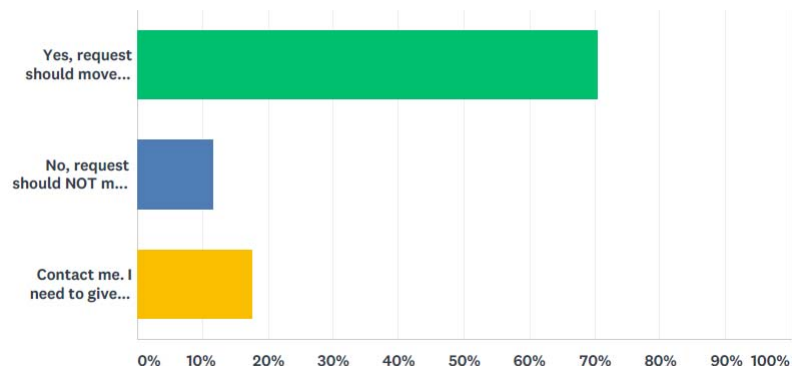
- **More fully align with CARES**
 - Change: potentially 12 element modifications
 - Comment: Several meetings this Summer. Have decided to concentrate on more fundamental differences with Stakeholder groups.

Q57 ID #169

Answered: 28 Skipped: 0



Answered: 17 Skipped: 1



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.

Revise: eExam.08 (ID 177) slide 2

- **Separate Chest/Lungs Assessment**
- Option 2: Chest Grouping

- Location

- Left - Anterior
- Left - Posterior

Q59 ID #177
» Right - Anterior

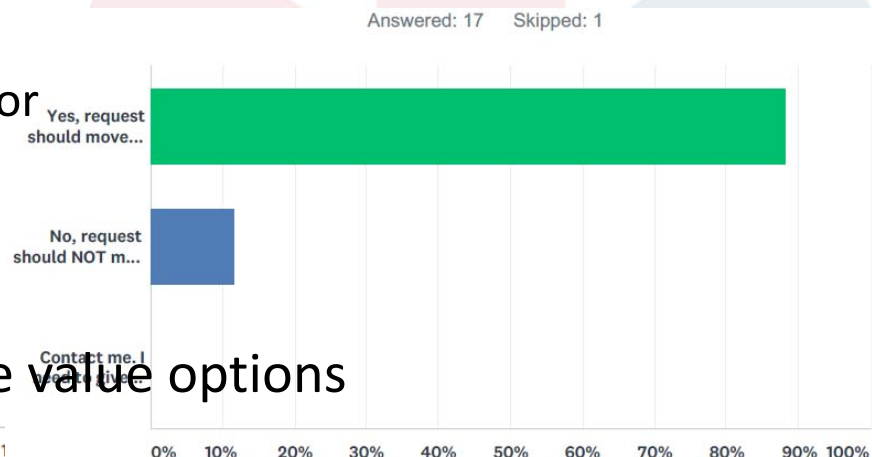
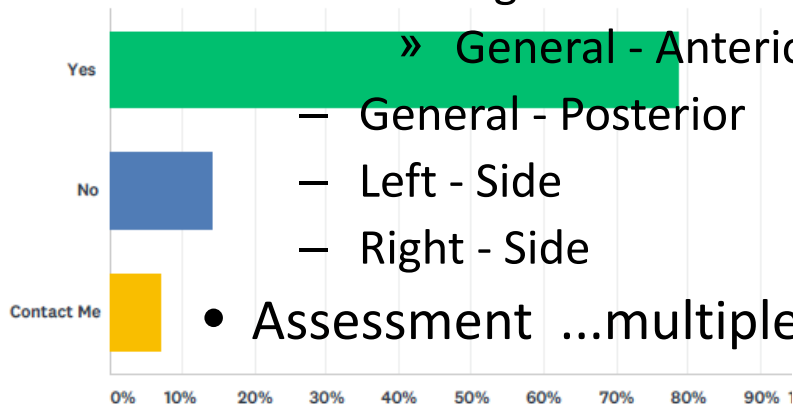
Answered: 28 Skipped: 0
» Right - Posterior

» 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.



Revise: eExam.08 (ID 177) slide 3

- **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)

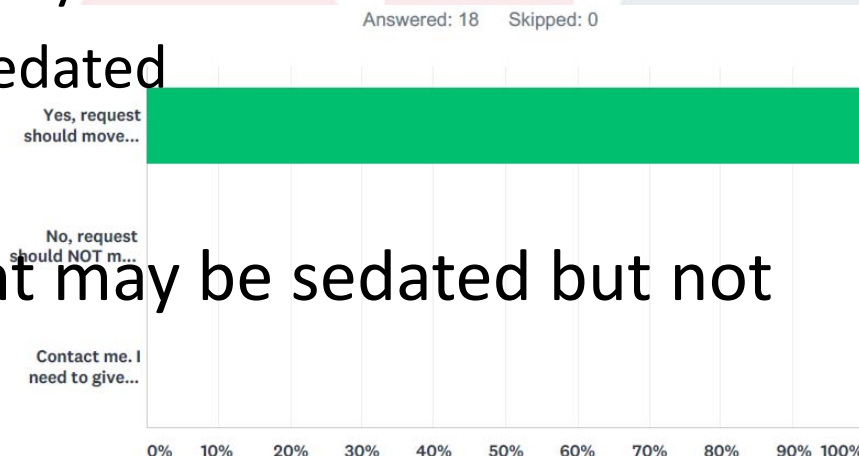
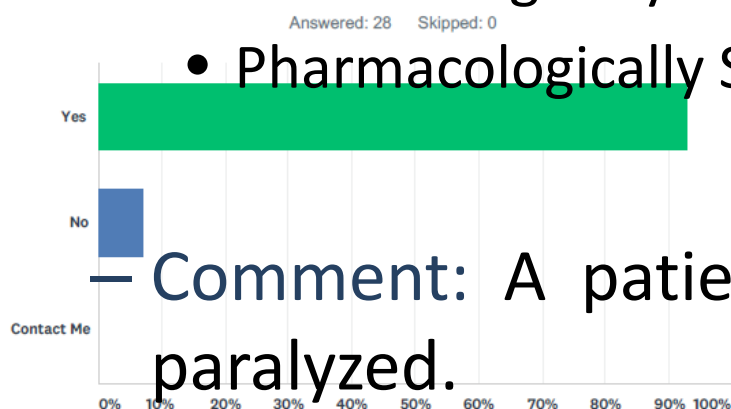
• eExam.19 - Mental Status Assessment

– 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)

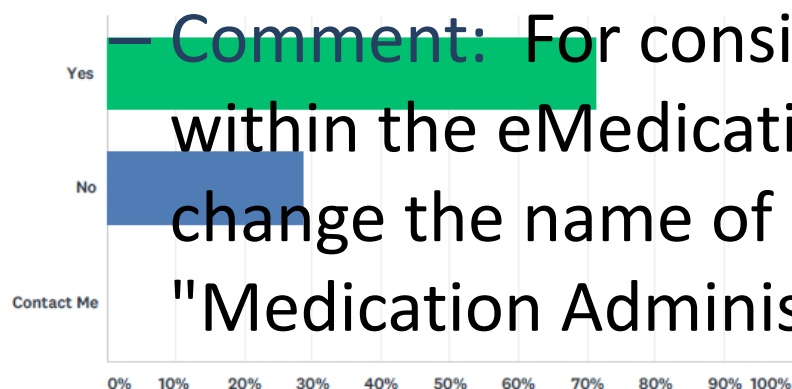
- eMedications.03 - Medication Given

- Change: Element Name

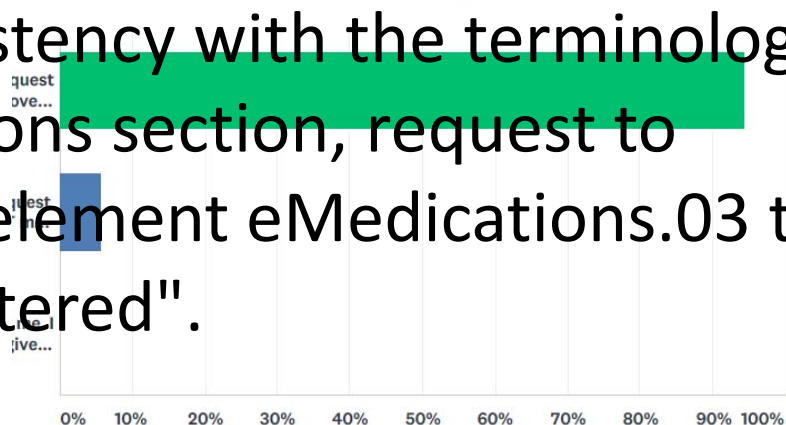
- Current: Medication Given
- Proposed: Medication Administered

Q62 ID #186

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



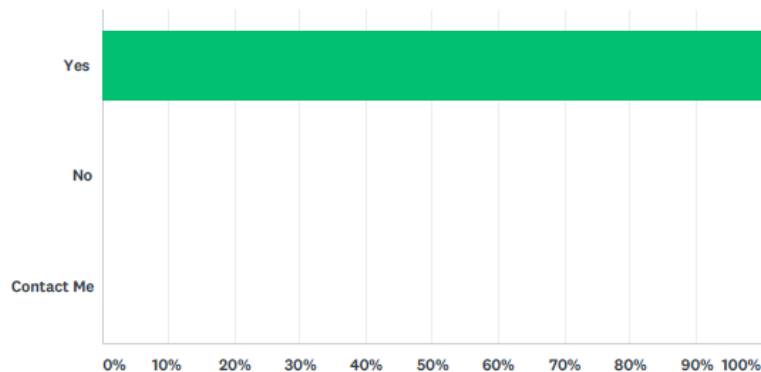
Comment: For consistency with the terminology within the eMedications section, request to change the name of element eMedications.03 to "Medication Administered".

Revise: eMedications (ID 190)

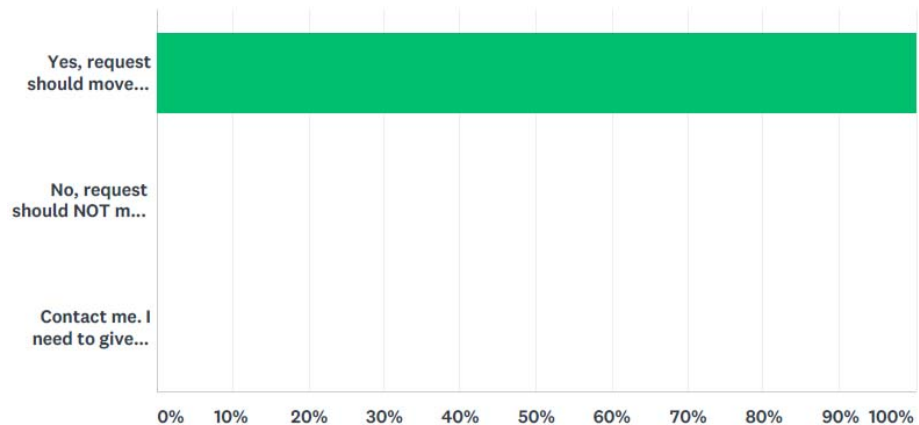
- eMedications.06 - Medication Dosage Units
 - Change: Add values:
 - Milligrams per Hour

Q63 ID #190

Answered: 28 Skipped: 0



Answered: 18 Skipped: 0



Revise: eOther (ID 199)

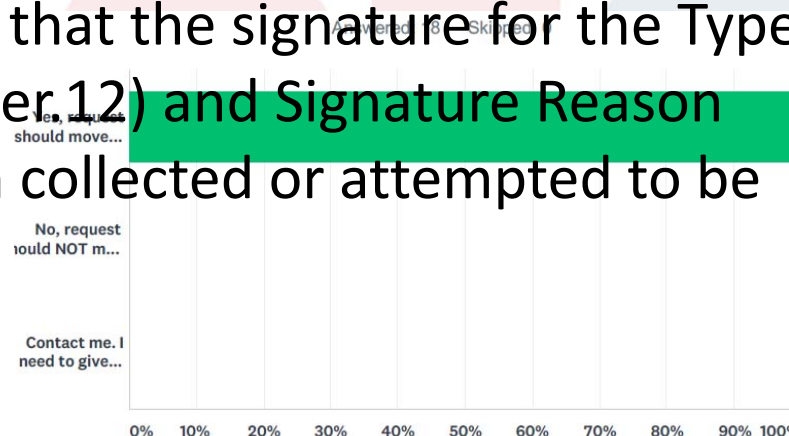
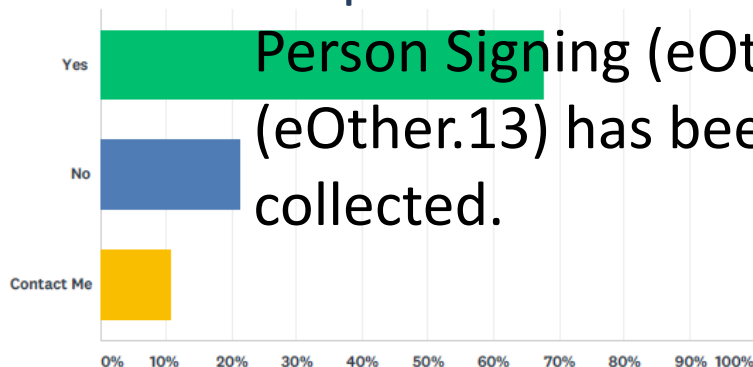
- **eOther.15** - Signature Status

- Change: Definition

- **Current:** Indication that a patient or patient representative signature has been collected or attempted to be collected.

Q64 ID #199

- **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)

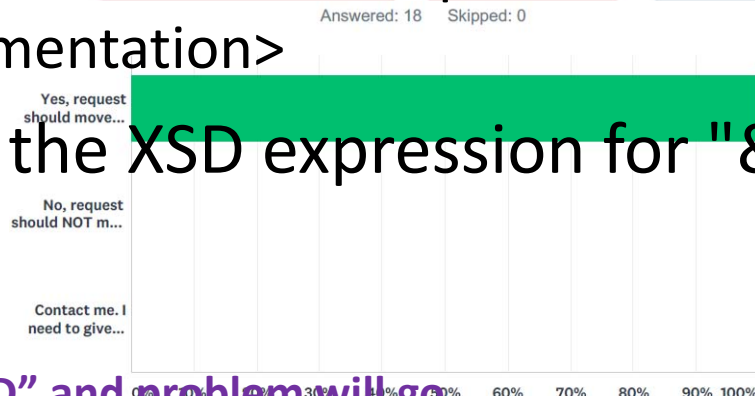
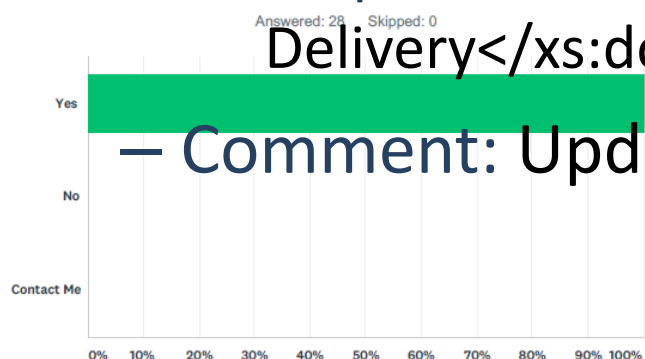
- eDisposition.22 - Hospital In-Patient Destination

- Change: Update XSD to correct & sign:

- Current: `<xs:documentation>Hospital-Labor &amp; Delivery</xs:documentation>`

- Proposed: `<xs:documentation>Hospital-Labor & 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**

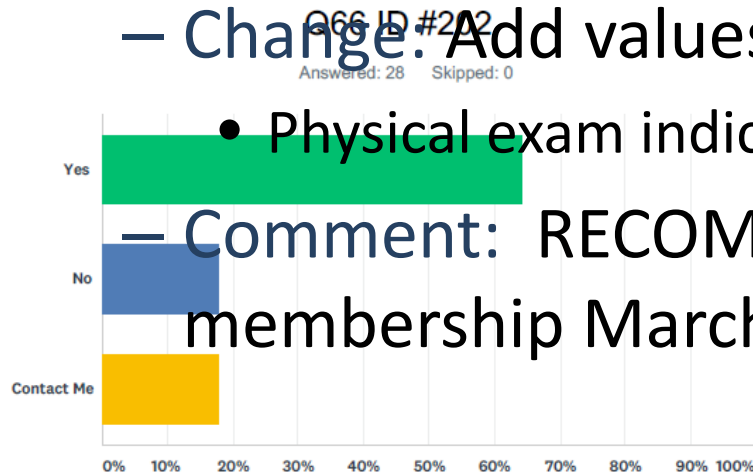
- Change: Deprecate:

- 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)

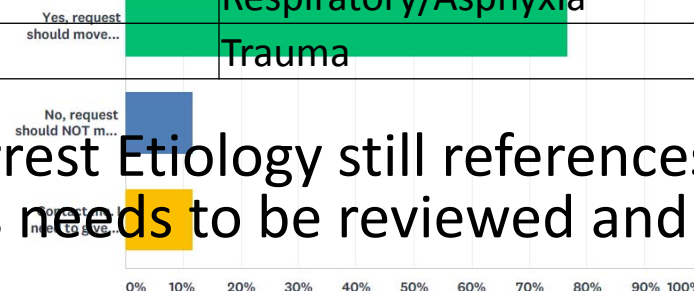
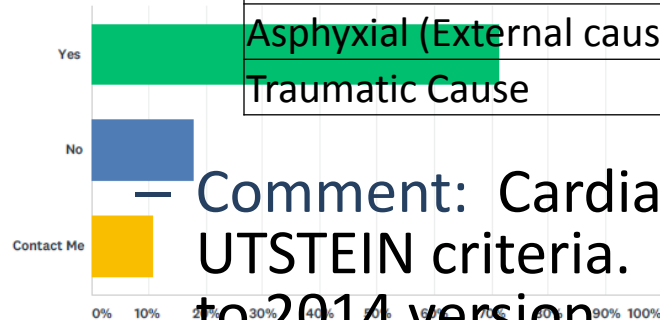
- eArrest.02 - Cardiac Arrest Etiology**

- Change: Deprecate values:

- Exsanguination
- Other

- Change: Revise values:

To (Update)	From (Current)
Medical (Presumed cardiac or unknown other medical etiologies)	Cardiac (Presumed)
Drowning	Drowning/Submersion
Asphyxial (External cause)	Respiratory/Asphyxia
Traumatic Cause	Trauma

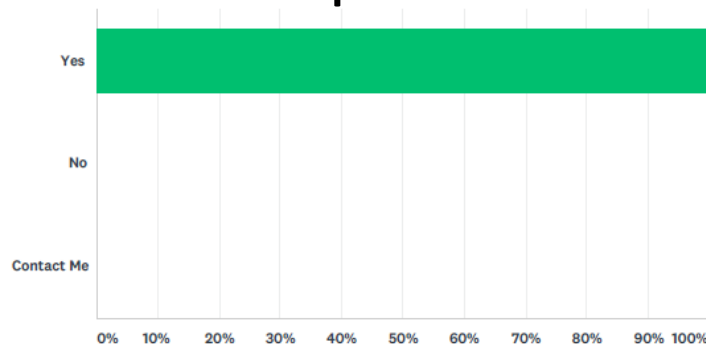


- **Comment:** Cardiac Arrest Etiology still references the 2004 UTSTEIN criteria. This needs to be reviewed and updated to 2014 version.

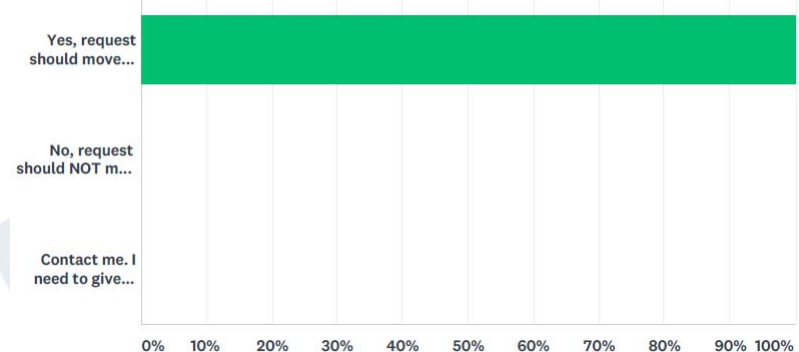
Revise: dFacility (ID 206)

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

Q68 ID #206



Answered: 18 Skipped: 0



Revise: eMedications (ID 209)

- eMedications.10 - Role/Type of Person Administering Medication

- Change: Deprecate / Separate:

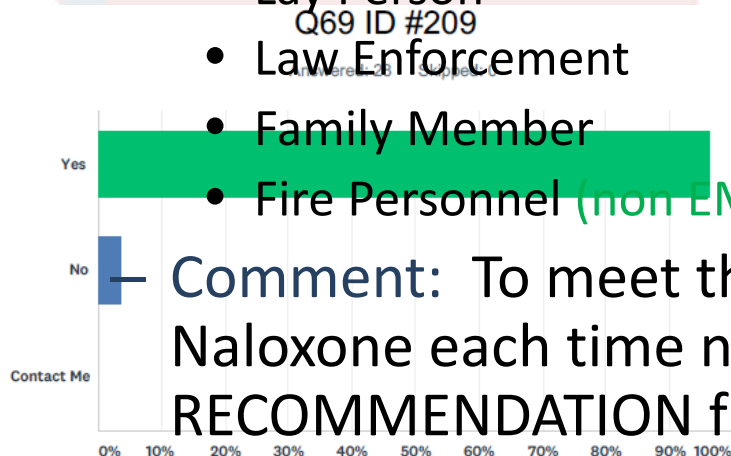
- Patient/Lay Person

- 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.





Finished with Part 2 of 3!
Thank you!