

# DMC Accepted Revision Requests

Based on DMC Final Review  
Batch 3 of 3  
May, 2018

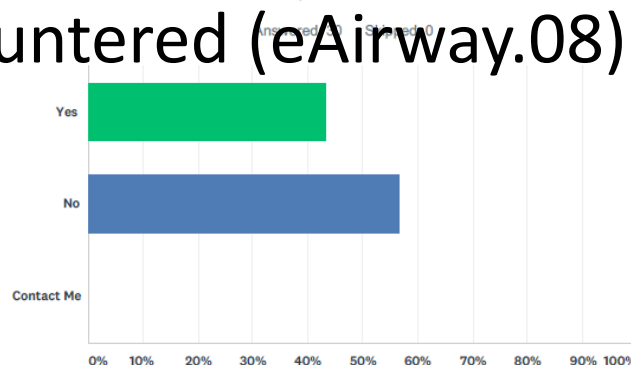
# Request Revision Feedback

- Past voting is listed on each slide
  - **Left:** Voting that occurred at the 2017 V3 Deer Valley NEMSIS TAC Annual Meeting
  - **Right:** Voting from the March 2018 V3 and DMC Calls. (Please note the longer ID and description.)
- Additional revision modifications are included (...based on feedback from stakeholders is or will be added in **PURPLE**)
- Requests that will not be implemented are indicated.

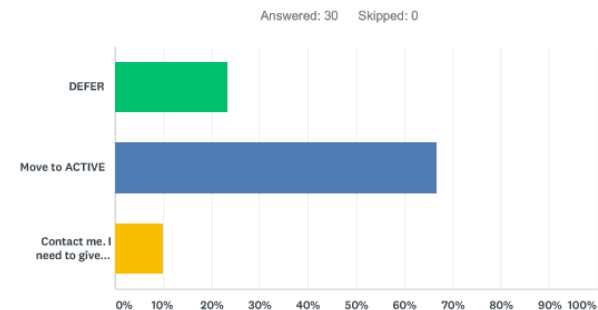
## ~~Defer~~: eAirway (ID 6)

- 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).

Q5 ID #6



Q5 (ID 6) eProcedures and eAirway. Review the logic of an airway placement and remove redundant NEMSIS elements.



# Defer: eDisposition.20 (ID 13)

- eDisposition.20 - Reason for Choosing Destination

- Change: Add values:

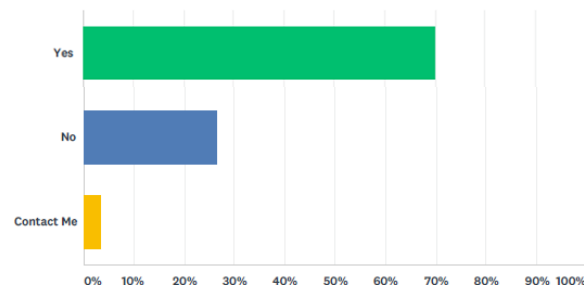
- Triage Bypass

Is this term accurate?

- Comment: RECOMMENDATION from DMC membership April 2017. Triage Bypass will be used to capture large vessel occlusion (LVO) bypass.

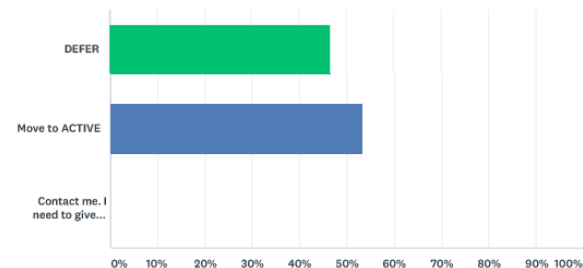
Q7 ID #13

Answered: 30 Skipped: 0



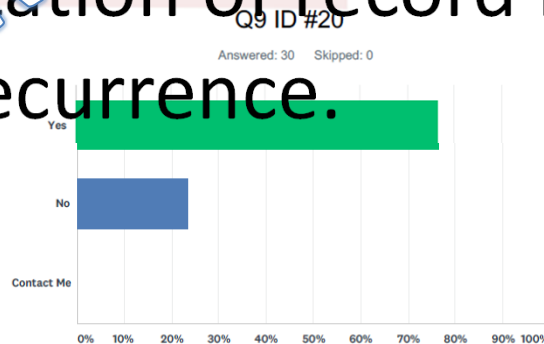
Q7 (ID 13) eDisposition.20 - Reason for Choosing Destination. Add value: Triage Bypass

Answered: 30 Skipped: 0

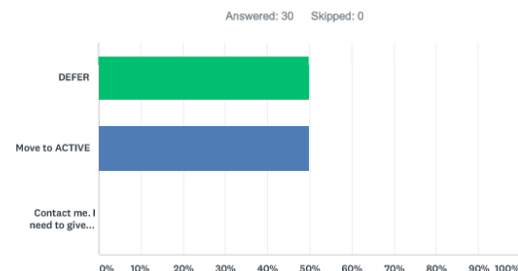


## ~~Defer~~: Recurrence (ID 20)

- **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.



Q9 (ID 20) Recurrence. Clarify data dictionary presentation of record recurrence and data entry recurrence.



# Defer: eSituation (ID 84)

- eSituation.11 and .12

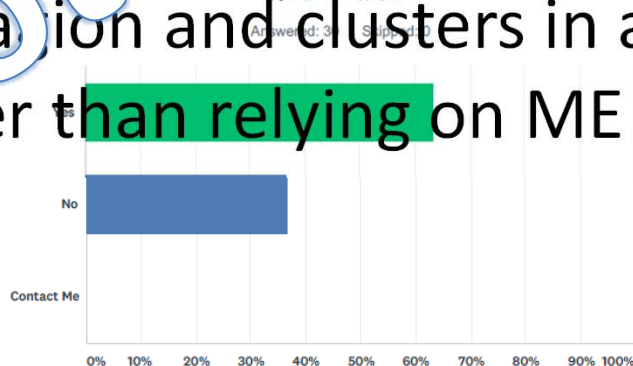
Some codes not in the pattern  
Requires EMS stating injury  
Mixes with Cause of Injury (double entry)

- Change: Add Values (Mandated List)

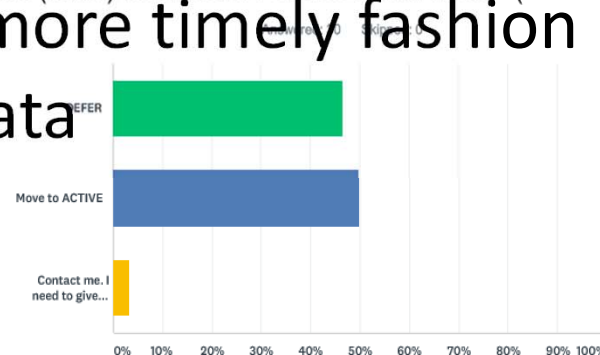
- suicidal ideation, suicide attempt, and non-suicidal self-harm (e.g. cutting)
- Death (natural), Death (accidental), Death (suicide), Death (homicide), & Death (Indeterminate)

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

Q15 ID #84



Q15 (ID 84) eSituation.11 and .12 - Add Values (Mandated List)



# Examples

- Suicidal ideations: R45.851
- Suicide attempt: T14.91
- Non-suicidal self-harm (e.g. cutting): X78.9
- Death (homicide)...no ICD-10-CM code



# ~~Defer~~: eDispatch.01 (ID 94)

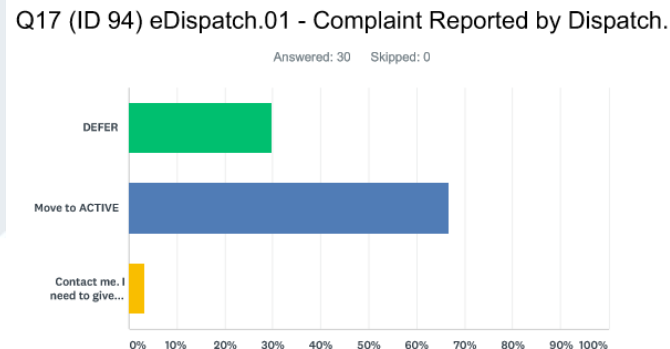
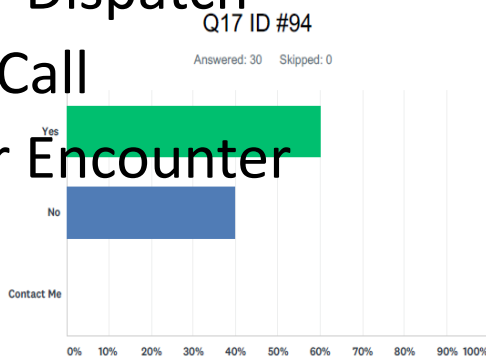
- eDispatch.01 - Complaint Reported by Dispatch

- 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)

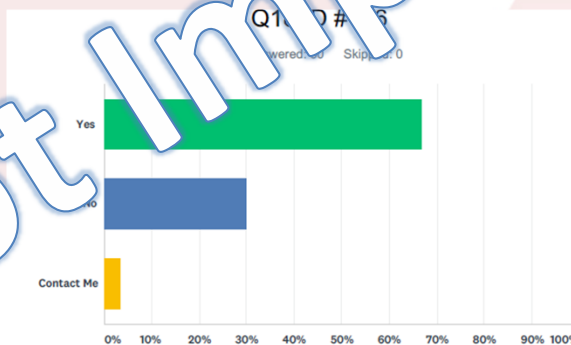
## Add New Element - Is it a Trauma Patient

- eSituation.xx

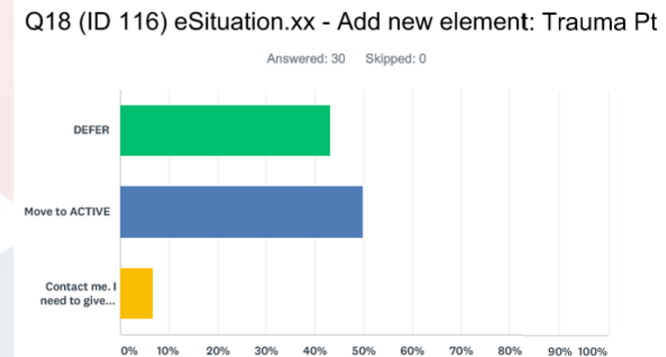
- Definition: Is the patient being classified as a trauma patient?

- Code Values:

- Yes
- No



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

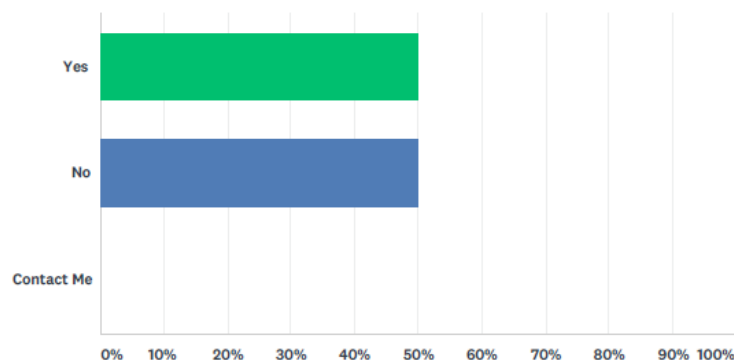


## ~~Defer~~: eOther (ID 135)

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

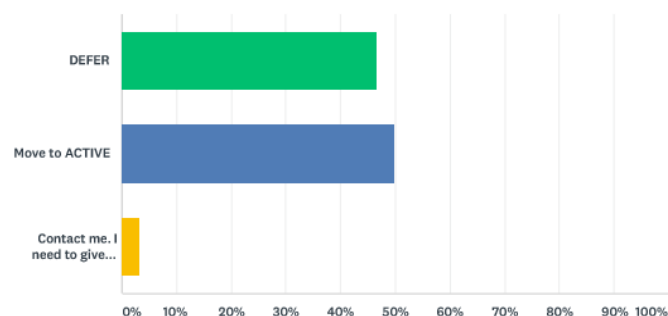
Q29 ID #135

Answered: 30 Skipped: 0



Q29 (ID 135) eOther.09. Add attribute to list the name of the file or document.

Answered: 30 Skipped: 0



Add as a new element...rather than an attribute

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

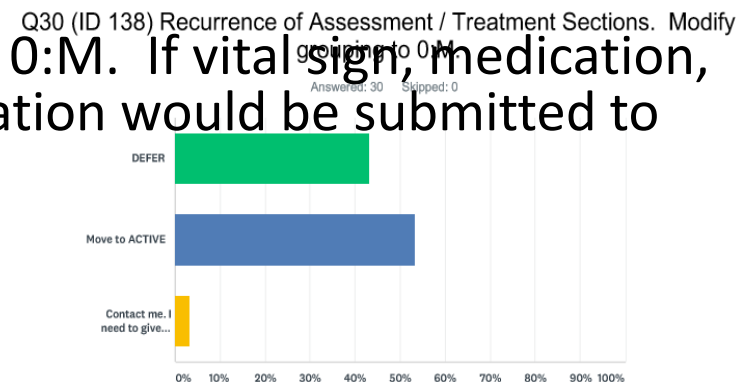
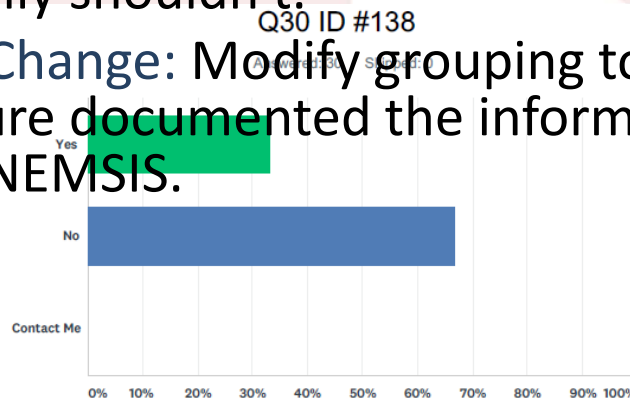
## Multiple Assessment / Treatment Sections:

- 1) eVitals;
- 2) eMedications, and
- 3) eProcedures

eVitals  
eMedications  
eProcedures  
eProtocols

- **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 NEMSIS.







**Finished with Part 3 of 3!**  
**Thank you!**