NEMSIS Version 3 Implementation Meeting

August 20-21, 2018

Silver Baron Lodges, Park City, Utah

Workgroup: Ratifying an Approach to UUIDs

Approved Decisions:

1. StateDataSet mandatory for each state and territory

2. Elements will be removed from the DEMDataSet (5) and EMSDataSet (1)

3. UUIDs will be generated using IETF RFC 4122, by means of the expression listed in the review materials

Work Group Questions:

1. Should UUID implementation follow Option A or Option B?

    a. Option A: Add UUID attributes to certain elements, with no changes to CorrelationID attributes.

        i. Does not require code changes.

        ii. Potential problems with multi selects.

        iii. When an element gets extended with custom data it starts to look like an object. But option A doesn't get treated like an object.

    b. Option B: Replace all CorrelationID attributes with UUID attributes

2. Review of issues not addressed by this recommendation

    a. How a sending system can notify a receiving system that a PCR has been deleted or an agency has closed.

    b. Uniquely identifying objects across agencies or states, such as uniquely identifying a person who works for multiple agencies. This recommendation will help to uniquely identify the person within a given agency. However, if the person works for multiple agencies using

different software products, each product will generate a different UUID for tracking the person.

    i. We may provide guidance that would suggest how states would assign UUID's but the standard would not require local software to implement state UUID's.

    ii. Updated lists provided through NEMSIS?

c. Uniquely identifying an object across different Collect and Send software used by an agency. If an agency switches from one product to another, this recommendation does not require the new product to use the same UUIDs that were generated by the previous product. The new product may generate its own UUIDs for objects.

d. Universal patient identifiers. The UUIDs described in this recommendation should not be construed to represent universal patient identifiers that would uniquely identify a patient across time and healthcare providers.

e. Re-hires. If a person stops working for an agency and then resumes employment with the agency later, the software may generate a new UUID for the person when re-hired.

3. Any suggested changes to the StateDataSet?

a. Need to identify mandatory and required elements in state dataset.

b. State dataset would be submitted via web services to national database the published in state repository by NEMSIS.