NEMSIS Internal Advisory Board
Introductory Meeting Minutes
Wednesday, October 7, 2020
1:00 – 2:00 PM MST

1. Welcome and Introductions
2. Rules of Engagement
    a. This is not a workgroup. Everyone is here to provide ideas, thoughts regarding data structure and functionality related to the National EMS Information System and all the emergency services and healthcare industry data sets it "touches".
    b. Meetings may be recorded but will not be shared or posted. NHTSA, TAC and Board use only.
    c. No formal by-laws, no chair or president, no one person is more important that another.
    d. Will track attendance, if you are not able to participate, we will fill your spot.
    e. Meetings are not open to the public, you cannot send a replacement.
    f. Members may be added if necessary, and we will have guests as topics dictate.
    g. Work will be by consensus, we may utilize voting.
    h. There will be minutes, with topics and action items that WILL be distributed to everyone and included in NEMSIS reports and presentations. The minutes will not indicate a specific individual but will reference the group or board.
3. Meetings
    a. Quarterly Virtual Meetings
        i. Plan for 2021 is roughly one call per quarter. We may meet more in the next six months to get the Board's activities underway.
    b. Annual In-Person Meeting
        i. Possibly in Park City, UT as part of the Annual NEMSIS meeting.
4. Role of the NEMSIS Advisory Boards
    a. Purpose and Scope
        i. The NEMSIS Technical Assistance Center (TAC) in coordination with NHTSA's Office of EMS will establish two Subject Matter Expert (SME) Working Groups to serve as a resource to the TAC and provide SME support regarding issues of importance to the collection and use of National EMS data.
        ii. External Board
            1. The External Advisory Board will develop and recommend a national information strategy while providing subject matter expertise regarding the integration and harmonization of the NEMSIS strategic targets relating to data collection, hosting, automation and coordination with other software and data systems.
            2. External-facing, focused on technical aspects.
            3. Out-of-scope for the Internal Advisory Board.

       iii. Internal Board *(this group)*
- 1. Internal-facing, focused on operational aspects of EMS data.
- 2. Focus on quality of the data collected.
- 3. Ensure data collection is doable and understandable to EMS clinicians without taking away from patient care.
- 4. Focused on local data collection (EMS clinicians).
- 5. Only 1 EMS clinician present at the meeting today.
- 6. Identify adjustments for agencies that could benefit the State and Federal levels.
- 7. Resources being used at State and Federal level that are not directly benefiting the agencies.

5. Participant Perspective – open discussion on topics to consider
   a. Make ePCRs easier for clinicians to enter – focus on clarity and completeness.
   b. Better value on what has been collected for the least amount of effort (time and money).
   c. Meet the needs of the services that are collecting data - does this help them operationally.
   d. Eliminate variation – coordinated effort among services, States, NGOs and Federal programs.
   e. Funding generally not a barrier to the ideas and plans that come from this group - Eric will work to find the funds.
   f. How this work impacts other areas - CARES, FARS, FHIR, Registries, etc.

6. Suggestions and Comments:
   a. What is the vision of NEMSIS and DOT around the data in the next 5 years? How can this group help turn data into information and share the best practices with local and State services that may not have the resources to manipulate large data sources? What tools would be helpful?
   b. Is this a semi-steering committee for identifying "what is NEMSIS in 5 years"?
   c. National data collection has been turned on its head in the last 7 months. There are areas we are good and areas we are very far behind.
   d. What are the short, mid, and long-terms goals of NEMSIS and data analytics?
   e. Start with the end in mind so we are not looking for the silver bullet and get analysis paralysis. Find the smaller projects that can be successful and replicate them on a larger scale.
   f. Current data definitions are not all clear. Need to improve how they are defined and most importantly, communicated.
   g. Mobile integrated health care documentation is lacking. May also need to look at Critical Care, Aeromedical and Inter-facility.
   h. Benchmarking - access data for benchmarking against other services on a national level.
   i. Outcomes in health data exchange.

j. More patient-focused instead of data-focused patient records. Need for operational and personnel related data.

k. Look at how the data are being collected and see it from a quality standpoint. Are States all collecting it in the same ways?

l. Data collection is being driven by protocols and not patient care. The industry is documenting the transport, not the patient.

m. Be able to look at data 'apples to apples' between States at a national level.

n. Data are not easily acquired to affect change. Example of study regarding use of lights and sirens. It was very difficult to obtain basic information for an area.

o. The industry needs to be able to learn from each other's best practices.

p. Trying to come to an understanding of who are the constituents, who are the customers, who is affected by NEMSIS, and who is shaping all of this?

q. Avoid reworking – leverage practices that are already available.

r. Provide to the group work that has been done or considered to help them be more informed when they come to the meetings.

s. People (providers, agencies, systems of care), places (geographical area, State, regional), things (structure of data, how the data moves), and process of how all this happens (hospitals and clinics have been funded to make this happen but need to support a system of care and integration).

t. Increase outreach to demonstrate value and utility of EMS data.

u. Help clinicians understand why we collect the data at the provider and service level.

v. Clinicians do not see the value, are frustrated, and do not see the rationale behind all the data collection. They do not want to be spending a lot of time in the ePCR.

w. Integrate outcome data into what we do - clinicians get insight into what happened to their patient.

x. Pencil whipping of the report - do whatever you can to 'get the red out' or other 'errors' out of the report so you can close it. If there was a clear connection between their documentation and improving EMS, there would be better buy-in.

y. Watch Simon Sinek - *Start with Why*. Great description of clearly communicating WHY we do something. Applicable here and a great guiding principle.

z. Clinicians do not get aggregated information back, they do not get disposition information back. Just trying to not get in trouble.

aa. Once they know why, there is buy-in and ownership to the information they put in - no longer just trying to 'get the red out.' There is an understanding of doing it the right way (something bigger than us).

bb. EMS.gov video going over why the data is important - this is shared and helpful. Need more things like it.

7. Next Steps

a. Board member directory creation - Send Julianne Ehlers your best contact information.

b. Topics, evidence, and proposed solutions will be available to the group before the call to then discuss during the call - NEMSIS TAC will send.

      c. Members have an avenue to suggest topics for discussion as well - can be emailed to Eric Chaney, Clay Mann, or Julianne Ehlers.

      d. Send the board information to look over to help orient them to NEMSIS and what has been done so far.

8. Next Meeting
    a. Before the end of the calendar year - will reach out to the group to plan the next one
9. Adjourn

Attendees:

Brooke Burton
Eric Chaney
Jennifer Correa
Remle Crowe
Atim Effiong
Julianne Ehlers
Chris Handley
Nathan Jung
N. Clay Mann
Jay (Joseph) Martin
Greg Mears
Dave Millstein
Jay Ostby
Ryan Stark
Sundown Stauffer