NEMSIS
BETTER DATA. BETTER CARE.

Suggested Lists to Defined Lists

WE'RE SIMPLIFYING THINGS

EMS clinicians have long reported that quality documentation is impeded by having to scroll through extensive lists of values to represent a patient interaction.

This clinician "fatigue" can result in improper value selection just to complete the ePCR enough for the initial software validation.

Defined Lists refine the initial list of values to those most often needed and improve the accuracy of documentation by eliminating obscure and frivolous values not developed or intended for prehospital EMS encounters.

The Development of Defined Lists

History

In 2016, concerned that vast code sets may be overwhelming to EMS clinicians, the NEMSIS TAC developed "suggested lists" of codes for elements utilizing standards developed by outside organizations. These suggested lists attempted to target use of specific ANSI approved codes that would prove useful in the pre-hospital environment. Codes sets were organized in a hierarchical fashion, in two-steps (parent and child codes), promoting software developers to utilize code "drill-downs" for ease of use. However, use of these codes sets was not mandatory and uptake was sporadic. In 2019, the NEMSIS TAC evaluated the appropriateness of codes included in the suggested lists, by comparing them to codes actually submitted in 2018 through mid-2019 (36 million records). This review lead to a 2019 revision of the 2016 suggested lists.

Development

Beginning with initial recommendations resulting from a work-group convened at the 2018 NEMSIS v3 Implementation Meeting in Park City, Utah, State EMS Data Managers and stakeholders participating on the Spring 2020 v3 Implementation video conferences formulated and approved a process to require the use of the 2019 lists. Of the 22 NEMSIS v3 elements utilizing defined ANSI code sets, nine elements have no associated list. They have defined patterns identifying usable ANSI codes. For the remaining 13 elements, suggested value lists become "defined" (i.e., standardized). These defined lists focus on EMS activations characterized by a 9-1-1 initiated ground response with BLS or ALS care provided.

Implementation

These defined lists are expected to be presented to clinicians in the EMS field software's graphical interface. This expectation will be evaluated during vendor compliance testing. ANSI code values outside of defined lists will be allowed for all users through existing defined code patterns. Standard code "roll-ups" will be provided by the NEMSIS TAC allowing all reported codes at the National and State-levels, to be properly aggregated for performance assessment and research purposes.

Baseline List

The list is designed to be a baseline from which agencies can build upon if needed. It is not intended to capture the nuances of localized care from every corner of the nation. For instance, Colorado will need to reflect ski injuries while California documents more surfing injuries.

Type of EMS Event

The codes are selected primarily to reflect a 9-1-1 response. Critical Care and Transport Teams will have lists that are more comprehensive than a typical scene response crew would require.

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Elements affected by Defined Lists

Procedures
eProcedures.03 - Procedure
sConfiguration.03 - Procedures Permitted by the State
dConfiguration.07 - EMS Agency Procedures

Medications
eMedications.03 - Medication Administered
sConfiguration.04 - Medications Permitted by the State
dConfiguration.08 - EMS Certification Levels Permitted to
Administer Each Medication

Symptoms
eSituation.09 - Primary Symptom
eSituation.10 - Other Associated Symptoms

Impressions
eSituation.11 - Provider's Primary Impression
eSituation.12 - Provider's Secondary Impressions

Cause of Injury (eInjury.01)
Incident Location Type (eScene.09)

Example of the Hierarchy

This is a sample of Primary and Secondary Impression (eSituation.11 and .12)

General classification	More precise description		
PARENT	EMS DESCRIPTION	ICD-10 CODE	ICD-10 DESCRIPTION
Cardiovascular	Angina (pain related to heart)	120.9	Angina pectoris, unspecified
	Arrhythmia	I49.9	Cardiac arrhythmia, unspecified
	Cardiac arrest	I46.9	Cardiac arrest, cause unspecified
	Chest pain, NOS	R07.9	Chest pain, unspecified (not angina)
	Myocardial Infarction, NOS	I21	Acute myocardial infarction

➡ How does this impact vendors?

- EMS Software Vendors will be required to **demonstrate** that their software can present the **Defined Lists** during v3.5.0 software compliance testing.
- They will also need to demonstrate their process for an agency or state to add a value that is needed for their particular area.
- NEMSIS will **NOT** dictate the user interface but NEMSIS will validate the ability of EMS software to implement Defined Lists.

➡ How does this impact State/Territory Offices of EMS?

- Defined Lists will not be a required addition to the State Schematron.
- They will not be subject to submission failures outside of the established parameters of the data element based on the data standard version being utilized.
- The NEMSIS TAC will validate the ability of EMS software to implement Defined Lists during v3.5.0 compliance testing.

➡ How does impact the v3.5.0 transition?

- Defined Lists do not impact nor alter the v3.5.0 XSD.
- States/Territories and EMS Software Vendors are encouraged to continue the transition planning for v3.5.0.

Find more resources about Suggested Lists to Defined Lists at our website: https://nemsis.org/nemsis-101/
https://nemsis.org/technical-resources/version-3/version-3-resources/
Contact Us by email at: nemsis@hsc.utah.edu