NEMSIS Internal Advisory Board

Meeting Minutes

January 21, 2022

I. Welcome
   a. Questions or comments on previous meeting minutes
      i. Communicate to field clinicians that their data can be used locally and at state.
         1. It ends up at National but they SHOULD be connecting with their hospital E.H.R. systems for outcome data
         2. Educate on where the data goes and how they can use it.
      ii. Sometimes EMS wants to know more about the patient and not just outcome - ex: CT results.
      iii. Hospital integration is a hurdle
         1. Hospitals say that all the EMS has to do is "receive" the data but the software doesn't talk to EMS.
         2. The hospital software is behind and not able to send it properly.
      iv. Don't overwhelm EMS with too much data coming back from the hospital
         1. EMS wants imaging and lab results. Is this a necessity or a "nice" addition?
      v. Difficult to get outcome data back from the hospital
      vi. What is the hospital information used for?
         1. Close the loop on the response.
      vii. There are three motivators for a hospital to share outcome data/information:
         1. They need it as part of their service line accreditation.
         2. They use it as part of their QI plan to improve EMS alerts of patients like sepsis.
         3. It is an outreach effort to grow the relationship.
      viii. Is this a Toolkit? Educational piece, template, reasons why, imaginary barriers
II. Updating the data standard more often
   a. Impact to states
      i. New eOutcomes with custom configuration through the path to production will allow states to mitigate some of these issues.
   b. Impact to testing
      i. The impact for revisions on testing depends on the type of change and whether or not compliance testing would need to be completed with the revision.
   c. Small frequent changes vs. big occasional changes
      i. Adding things to a drop-down isn't a really big deal but adding a whole new group is a bigger issue, needs more training
         1. For agencies, it's not just the money for updated software, it's also the time to teach it.
      ii. All changes are not created equal.
         1. Single-select to multi-select is a big change. eDispo.12 was HUGE.

        2.   What are the implications of the type of change?

    iii.   A set of revisions could be implemented annually but it does affect Schematron rules.

    iv.   Do we know from a Vendors perspective, is there a ballpark on how long it takes from go until technical solution?

    v.   From a field training perspective, they do annual protocol updates already.

    vi.   From QI perspective, they much rather have a fix in a year than wait 7 years.

    vii.   Types of revisions classified as easy, moderate, difficult.

        1.   Create a priority system and receive feedback from this group.

        2.   Perspective from different stakeholders, data on how and the why. (not to complicate elements)

        3.   Extend outside of internal advisory board?

III.   Revision process for elements with known edit requests

    a.   Google Form, how heavy is this process?

      i.   Ensure that the various stakeholder perspectives are represented: state, vendor, agency, billing

      ii.   Types of revisions and provide in a classification in an easy technical resolve.

      iii.   Priority system.

      iv.   Checklist of who is affected by each types of change. (different stakeholders affected)

      v.   Collect information about elements through Google form Element Review

      vi.   Adjudication meetings - bring to this group to review, discuss, vet, suggested changes.

        1.   Ask "What questions are you having trouble answering today with your data on this element?"

IV.   Case Definitions https://nemsis.org/case-definitions/

    a.   Request for additional definitions:

      i.   Injury intent, assault, self-harm

      ii.   Firearm injury, gun violence

        1.   QI and Research uses a lot of primary impressions.

          a.   Standardizing would be helpful but needs to be a format that can be pushed out to the field.

          b.   What is better to document where (symptom, impression, primary, secondary)

        2.   There is often more than one place to document something - areas that data can conflict.

          a.   Need to compare Granny Smith to Granny Smith.

          b.   Need operational measures to identify syndrome.

V.   Demographic files: Improving/modifying DEM files

    a.   What is in NEMSIS today?

      i.   Where are EMS agencies? What are their service areas? Can we depend upon them to distribute PPE/vaccinations?

        1.   Describe an agency: location, who's in the agency?, who's sick?, who needs PP?

      ii.   Do you have all of the agencies/do you have all of the information?

      iii.   DEM files has 12,000 actively reporting agencies (that's not all agencies)

      iv.   Collect Data (Demographic data, DAgency elements, except DAgency 07/08)

    b.   What should be added?

      i.   Fed agencies are coming to NEMSIS for this information because they can't get it anywhere else.

       c.   Systems currently used to collect this data?
           i.   Much of that data resembles (but doesn't match 1:1) with the dataset CMS is building with the GADCS
          ii.   Is it proper for NEMSIS to collect agency specific operational data?
       d.   Frequently asked questions?
           i.   Is this 2-3 standard deviations outside of what NEMSIS is "supposed" to do?
          ii.   Do agencies have access that report different numbers?

VI. TABLED: Discussion on request to "spot-check" field vendor compliance based on complaints/formal requests

VII. TABLED: Discussion on additional support needed for implementing v3.5 for states/territories

VIII. Action Items: *Is there a specific task that we can accomplish before the next meeting vs. long-term action items?*
       a.   TAC-discuss incorporating standard change at the second digit level.
           i.   Expand on composition of the NEMSIS standard
       b.   Should we look through the list and review the elements with known issues?
           i.   Go through a smaller subset of elements rather than going through the entire list.
       c.   Look for areas to improve data standards?
       d.   What are the purposes were trying to get regarding characteristics?

IX. Next Meeting
       a.   Articulate purposes of DEM files
       b.   Describe use of DEM files
       c.   Elements of NEMSIS provided at the national level
       d.   Which questions do we need to look elsewhere for?
       e.   Many people at NEMSMA and NEMSQA asking for more operational performance measures.
           i.   Maybe an opportunity to work together with those organizations on operational data updates.

X. Adjourn

Attendance:

Julianne Ehlers, Clay Mann, Jen Correa, Jay Otsby, Nathan Jung, Tom Lundin, Ryan Stark, Remle Crowe, Eric Chaney, BJ Jungmann, Brooke Burton, Dave Millstein, Sundown Stauffer, Chris Handley, Bengie Alexandre

Absent: Joseph Martin, Dan Palmer