NEMSIS External Advisory Board

Meeting Minutes

April 25, 2022

Welcome
- No corrections or additions to previous meeting minutes

Discussion: Custom Elements
- Custom elements represent one of the largest burdens of NEMSIS reporting
- Previewed the new Creating Custom Elements Toolkit geared toward the State EMS Data Managers and other stakeholders new to customization
- Taking the custom element approval process outside of the state and to NASEMSO is a good idea, but too much input from outside of the states (DMC, NASEMSO) may create push back from some states
- There is a need to get states and registries on board utilizing the same case definitions and data collection process
- Most customization is based around the needs of Critical Care

Discussion: Critical Care and NEMSIS Data Collection
- A sub-committee for critical care data collection is needed to improve how data is collected. For example, proper weight measurement
- A sub-committee for each separate type of call that needs data collection improvement
    I. Mobile Integrated Healthcare
    II. Community Paramedicine
    III. Telemedicine
    IV. Air Transports
    V. Inter-facility Transports
    VI. Others to Consider?

Discussion: EMS Agency Level Reporting
- Reporting to the EMS Agency Level will help put the "WHY" out to the EMS Clinicians and EMS Agencies; improving the quality starts with the data entry
- "Easy to Access" reporting could improve documentation for volunteer, rural, and smaller agencies with small call volumes
- DUA/MOU can limit what is allowed to be released and the limits can vary state to state
- Too much focus on state regulations
- The data that is out there isn't being shared beyond the state or region
- Current reporting used to show the meaning of requirements
- Education on how to use the reporting environments that do exist is needed; not enough knowledge on how to use what we currently have

- Need more use of data beyond operational and clinical
  - Use of updated processes
  - Market the ability to use the data to all
  - Outcome data for patient
- NEMSIS can reach out to stakeholders and highlight current resources, help with non-national elements and how to ask for data even when the TAC cannot run the report
- CMS Clinical Stats – could something similar be helpful; could we borrow as a best practice

Discussion: Easing the documentation requirements for EMS Clinicians
- EMS Clinicians feel they are spending too much time on documentation
  - As part of the medical community the burden comparatively is not large
  - A broader understanding why the EMS Clinician needs to document thoroughly could improve morale
- An example of a burdensome element rule that some states have made required on all calls are the delay fields. Some states require a value from the list rather than allowing the ePCR vendor to utilize Not Recorded
- Focus on collecting only those elements related to the type of call the EMS Clinicians are running
- A review of the data elements and whether or not the elements are being used could help reduce the number of elements. If it isn't used, why have a spot for it
  - Do we need to educate why some elements exist (ACN for example) even when they aren't being utilized?

Discussion: Case Definitions – EMS Specific
- National Case Definitions Library to create national definitions
- Defined Lists will assist with the effort

Discussion: GAP Analysis
- All vendors have processes for hospital to EMS data sharing but there is no standard
- Price does matter and can play a significant role for the stakeholders
- How can a standard be developed when there is so much variability already?
  - FHIR, HL7
  - HIE gives more functionality on searches
  - FHIR is more episodic
  - EHR more likely for eOutcome data
  - HIE less likely for eOutcome data
- Implementation Guide is needed
- Most have been invited to the Connect-a-thon – are there any that need to be added
- Are we building on existing structure or something unique?
- Do we need to consider transforming all methods to FHIR
  - Is there adequate ROI

Topics tabled for next meeting
- Data Ownership Discussion paused until more information from PWW
- More discussion on the Critical Care (and other ancillary data) documentation processes
- Updating the Data Standard more often – technical, educational, financial, innovation concerns

Action Items
- TAC – Consider how/if the TAC can work with states to illuminate the difference between technical implementation of data collection and state rules, regulations and the intent of the law and legal language – can education be developed?
- TAC – Consider creating a development section within the Custom Element Library as a reference point for those working on custom elements
- TAC – Consider education on "How to Make the Data Work for You" that is beyond operational use and moves toward clinical and protocol change
- NHTSA/TAC – Can CMS monetize/incentivize data quality and collection to get the resources and funding EMS Agencies need?