



## NEMESIS Internal Advisory Board

Meeting Minutes  
September 13, 2022

- I. Welcome
- II. Minutes from last meeting - Review and Comment
- III. NEMESIS Annual Meeting Report Out
- IV. Vendor Meetings - High level take away
  - a. Revision standards and changes dealing with compliance would be beneficial
  - b. Frequency of changes: Types of changes must be considered for setting frequency
  - c. Interoperability-Data exchange: most vendors want interoperability between registries, hospitals and EMS data
  - d. Custom Element Utilization: custom element use/standardization overutilized/needs work
  - e. Compliance process
    - i. Time-consuming when other priorities need attention
    - ii. Repetitive when no changes to standard exist
    - iii. Additional yearly testing requirement a high burden and redundant
- V. DEM Files - Information to states/vendors for improvement
  - a. Aggregating comments relating to DEM files
  - b. Develop an educational program that helps agencies understand value of keeping files UpToDate
- VI. Revision to the NEMESIS data standard timeline
  - a. Decision to for timeline revisions have not been cemented
    - i. Development cycle approx. 1 year, allows for approx. 1 year for production with major revisions having up to 18 months for production cycle
  - b. Types of revisions: Informational (previously known as "BuildDate", release no more often than every 6 months), Minor (release every 2 years), Major (release every 6 years), and Critical Patch (release as needed)
    - i. Need examples of each type of revision that includes backwards and/or forwards compatibility between versions
    - ii. Element deprecation needs to be one example
    - iii. Can value sets be versioned?
    - iv. When changes are moving forward, a short summary for users/agencies on how the change effects/is beneficial to them
    - v. National Custom Elements same time frame
    - vi. Defined Lists – do these need to be more often?
    - vii. Is there a need for a "National Emergency" version?
  - c. Need to include the impact level (i.e. low, medium, high) to different stakeholders, Vendors, States, and providers in the information sent out

- VII. Additional support for implementing v3.5.0 in states/territories
  - a. Flowcharts
  - b. v3.5 upgrade allows
    - i. implementation of a new UUID for Trauma registry integration
  - c. NHTSA developed a document to help support implementation of v3.5 upgrade
  - d. Document is not yet released to the public, currently in the process of rule making with D.O.T
- VIII. Workplace Violence in EMS
  - a. Goal: examine the number of times an EMS personnel was assaulted in the back of an ambulance
  - b. Capture EMS violence and all methods of recording such data
  - c. What would be considered in the reporting process and who would have access to the information is to be determined?
  - d. Part of the NEMESIS system, not in the NEMESIS ePCR
  - e. How the data is captured and how this shapes up, the EMS clinician needs to see immediate results that is reflected nationally, state, or local
  - f. Is there a standard accepted definition of EMS Violence that clearly defines an incident of violence to a provider?
    - i. There is no national standard definition at the national level; this could vary dependent on the providers view point of violence against themselves
    - ii. There is an ongoing project to develop a module with Doctor Elizabeth Donald from Canada
  - g. Does the patient have to have the intent to assault you for it to count? Or if you just happen to get caught with a random swing? What if patient spits on you? What if a patient coughs on you and then says, I have COVID? Is that an assault?
  - h. Legal definition of assault and battery: putting another person in reasonable apprehension of harmful or unwanted touching
  - i. Battery is carrying out the assault, harmful or unwanted touching of another person
  - j. Every agency is different, based on the type of incident
  - k. Should questions be based on the first few answers: for example, verbal assault ultimately has 3-5 questions and physical contact by a patient has 10 questions etc.
  - l. What do we need to get out of reporting the violence against EMS?
- IX. Training for data managers
  - a. Certification program
    - i. Who would own such a process? NEMESIS certification or another entity?
    - ii. Which methods will be best to certify program?
      - 1. Online platform, training, modules, presentations?
    - iii. One education program or several options, many different programs that can be pieced together the education and have several options or modules compiled into one unit?

- iv. Accessibility to this information, the easier the better but if it is difficult to access, might receive resistance
  - v. If it is virtual with a self-paced model, it would be great
  - vi. Clearly define the responsibility/role of a DM, define DM
  - vii. Resurrect document, model exemplar for State DM, basic curriculum: needs to be broad to cover, state, local, and national data
    - 1. Finding a happy medium between states, local, and national
  - viii. Course outline and objective, length of training, CEUs, how will it be presented
    - 1. Suitable Learning Management System (LMS) platform
    - 2. Certification or credential, validates an individual completed some training that states they have proper skills to be a DM
    - 3. More than a paper certificate, sets person apart and holds value
    - 4. Intermediate, Advanced, or Expert level for EMS/DATA courses
    - 5. Provide a Pre-Test that gauges your knowledge of EMS/DATA, placement test
    - 6. Certified Ambulance Coder through the National Academy of Ambulance Compliance (NAAC)
    - 7. <https://www.ambulancecompliance.com/content/cac-course-topics>
    - 8. <https://www.ambulancecompliance.com/content/certification>
    - 9. NFPA 1022: Standard for Fire and Emergency Services Analyst Professional Qualifications
    - 10. <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1022>
  - b. Mentoring program
    - i. New state DM's are mentored by seasoned DM's
  - c. For those with EMS background - data overview
  - d. For those with data background - EMS overview
- X. **Tabled:** Data quality discussion
- a. Development of data quality assessment process (Action Required)
  - b. Data completeness
  - c. Using schematron and validation rules to improve data quality and completeness
  - d. Data submission/re-submission
    - i. Do you think that the reports are looking at this somewhat in the wrong direction?
    - ii. Should the report be more focused at individuals instead of fields?
    - iii. Do we do a good job helping clinicians understand the value of their data?
    - iv. Are we looking to change behavior?
    - v. How much could be UI related i.e. long lists to choose from, selections too broad or too specific; changes in ePCR from "interim" version vs finalized ePCR available to hospitals
- XI. **Tabled:** Educational tool development



- a. How can the NEMESIS TAC fill the gap with general educational material?
  - b. More education on documentation and the “Why”
  - c. What useful material could be developed for vendor, state, or local EMS agencies?
- XII. Action Items
- a. Board members: share with NEMESIS TAC best practices for establishing a data quality report.
  - b. Board members: What is data quality vs data completeness
  - c. Board members: share why and what providers are doing for documentation and turning in would be helpful; validation rules vs complete documentation
  - d. Board Members: Send suggestions for v3.5 educational materials that the TAC should be developing
  - e. NEMESIS TAC: Develop a data quality assessment process based on board member feedback
- XIII. Next Meeting scheduled Thursday, December 15, 2022
- XIV. Adjourn
- XV. Attendance: