I. Welcome
II. Minutes from last meeting - Review and Comment
III. NEMSIS 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 NEMSIS 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 NEMSIS system, not in the NEMSIS 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? NEMSIS 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 thorough 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

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 NEMSIS 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 NEMSIS 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. NEMSIS TAC: Develop a data quality assessment process based on board member feedback

XIII. Next Meeting scheduled Thursday, December 15, 2022

XIV. Adjourn

XV. Attendance: