V3.5 Agency Transition Checklist Recommendations

Creating & following a transition plan will assist in the conversion process and having a comprehensive checklist with room for flexibility is the key to an efficient and timely transition.

Pre-Transition Preperation Contact ePCR Vendor Ask for readiness timeline (available & optimized) What is the vendor's onboarding process & timeline • What prep work is needed before go-live or implementation? What tools will be available and when will they be available for use? Do you need to reserve a spot to start implementation? JDo you need to schedule trainings or meetings with the vendor? Are there any resources available now from your vendor on transitioning such as User Information or User Guides? JDetermine if/how the software will present the new Defined Lists created by NEMSIS to simplify field documentation for certain variables. Symptoms, Impressions, Cause of Injury, Incident Location Type, Medications (Administered), Procedures Contact your State EMS Data Manager Ask for State's EMS Registry's target Go-Live Date & timeline Confirm when the State(s) to whom your agency submits data will be ready to begin accepting V3.5, and when they will stop accepting V3.4 Communicate with Stakeholders with whom you exchange Data Important for planning & to avoid delays. Share your transitioning timeline with them. Determine if there are any changes or issues that may affect your data exchange. Common stakeholders affected CAD, Billing, agency IT dept., Hospitals, ET3, ECG monitors, communication products (ex: Kno2Fax) Other Agency stakeholders Other EMS Agencies with whom your agency runs calls, especially if you transfer data between your systems. JOther exchanges to consider Auto-Posts, HIEs, etc.

Plan in case anything doesn't go as planned (communicate with Hospitals,

JData Exchange Alternate Strategies

Billing, etc.)

Transition **Preparation**

Data Collection Plan

- What information/data elements does your agency plan to collect?
 - Look at what AZ-PIERS requires, and what you want to collect in addition
 - Determine any gaps, changes needed
 - •Resources: AZ-PIERS Change Log, NEMSIS Change Log, NEMSIS v3.4 v3.5 Gap Analysis
 - Some changes may not apply to your agency.
 - Ensure vendor has built any required custom elements.(Same as V3.4)
 - Consider any changes you have been wanting to make in V3.4 (data element collected, data quality, etc.) so any changes occur together & be part of any trainings you will be holding for your V3.5 transition.
 - It may be helpful to pull some of your V3.4 data to find examples of values used in data elements that are changing in V3.5

Agency Dataset

- Agency Data Collection Setup
 - Compile Agency's V3.5 Dataset
 - Oupdate your software dataset to ensure the data elements you want to collect are active, and activate any new values your agency will use. Ensure deprecated data elements & values are either inactivated or mapped on export.

Agency Setup

- Agency Run Form
 - Start to create an updated run form with the new data elements and remove any deprecated data elements. You can start with your current V3.4 form and make changes to a copy.
 - Make sure to add the custom required data elements
 - If you have any customized logic, tools, or viability rules, update accordingly
 - Oupdate any customized triggers workflow (ex: autofill or buttons dependent on any data elements or values that are changing).

Transition **Preparation**

\mathbb{C}	Agency	Business	Rules	:/Validatio	on &	Closed	Call	Rule	25

- You may want to build your rules together as you build your form so you can test as you go
- Consider the new data elements & values as you review your validation rules Consider the new data elements & values as you review your closed call rules.
- If a copy of the State Validation Rules are available, you may want to review those while updating any existing or new rules.
- Before go-live, your ePCR vendor will need to apply the NEMSIS Schema, NEMSIS Schematron & Arizona Schematron. These carry the national rules & state rules respectively and can affect an ePCRs ability to export from your system or import successfully into AZ-PIERS.

Agency Training

- Set (or update) your training timeline as needed to train for the updated ePCR documentation.
- Onfirm go-live date / date range and onboarding schedule with your vendor

Agency ePCR PDFs

Update any Customized PDFs used to send patient information to stakeholders such as receiving hospitals & billing. Refer to what you are collecting in your V3.5 dataset, and if your hospital retrieves the PDFs from AZ-PIERS Hospital Hub, whether those data elements are included in your export to AZ-PIERS. Update your PDFs in AZ-PIERS as well if you want hospitals accessing them in AZ-PIERS for your agency to have specific formats.

____Agency Reports & Analysis

- Update any critical reports in your report writing system
- Update any dashboard feeds (ex: tableau or Continuum) if needed

Agency QA Process

Update any QA forms, questions, logic, and reports as needed.

Agency Tools

- Update any Custom Incident List views, Checklists, Worksheets, etc.
- Perform a quick review of any other tools or work-aides your agency uses.

Transition Testing the System Setup **J**Preliminary Beta Testing Consider choosing one station, crew, or shift Take feedback, & update accordioning (run form flow, validation rules, other tools). May want to appoint one person to pass on feedback Communicate with your vendor regarding what you want included in your export files as to required and request data (AZ-PIERS, Billing, etc.) Sync your field devices as needed **Go-Live** Monitoring the System Monitor Field / Crew Documentation Ease Consider appointing one person per each crew/station/shift to relay feedback. Now you will have several shifts/crews/stations on the system. Having one person per what ever subgroup you decide to use will help with efficiency and reduce repetitive feedback. **J**Monitor Exports Confirm your export criteria (ex: one at a time, resend if ePCR is updated or changed, a certain status or minimum validation score, time delay, etc.) Keep an eye on your exports (AZ-PIERS, Billing, etc.) & any returning messages such as issues, success, etc.) May want to track issues/requested changes in a central location and meet with vendor. Ongoing Monitoring

JKeep Monitoring for Data Submission Issues

Monitor for Validation Issues

Review for failed exports, failed postings, no export attempted

Review any weekly & monthly reports regarding validation issues.

General Suggestions

Don't
wait until the last minute to get started Transitions almost always have some delays, challenges or interruptions. It is better to give your agency plenty of time to review the transition materials.
 if at all possible, make updates or changes right before the system admin will be out. Don't make changes on Fridays, the day before a holiday, or when the system administrator will be out for a couple days. It is better to make changes towards the beginning of the week.
Do
 work with other agencies similar to your agency to build run forms, update tools & review data exchange configuration Similarities like the same software vendor Agencies with similar capabilities (ex: transporting agencies, air vs. ground) Agencies who use the same CAD, Billing software, etc.
 communicate with leadership, crews, training, medical direction with partner agencies with data consumers (receiving hospitals, CAD, billing, etc.)
 control access to your draft unfinished, untested run forms and tools It is important to ensure crews do not use your V3.5 forms that are still in development and untested. The same with any other tools, reports, etc. Your vendor or system admin may have the ability to set up a 'demo' or 'dev' agency in your system to keep developing tools out of your production/live environment. A demo or dev environment should also allow you to enter test data and not risk any files inadvertently exporting (ex: to billing, AZ-PIERS, hospitals).
 develop an alternate/contingency plan in the event not everything goes as or when planned Include plans for providing run forms for hospitals, patient information needed for billing, patient information usually transferred to other partner EMS agencies.