

## Advisory Board Meeting Notes

Wednesday, January 17, 2024

10 AM – 12 PM

Attendees: Brooke Burton, Tom McGinnis, David Millstein, Jeremy Kinsman, Sundown Stauffer, Frank Sloan, LeAta Jackson, Ryan Stark, Josh Legler, Bengie Alexandre, Lauri Lunde, Randall Eimermann, Eric Chaney

### Violence in EMS eOther.06 Descriptions

- i. The mental health of the EMS Provider may require an “Other” or “Distressing” type of description. The mental health aspect may not be included
- ii. Is intentional vs unintentional important to include in the description?
- iii. If a clinician thinks an “act” should count, they should be able to note it regardless of intent
- iv. Options for unintentional acts seem to be covered already and can be noted in the “Injury” category that already exists
- v. Threatened w/ a weapon can all under multiple areas including intimidation or physical threat
- vi. Suggested to include clarifications within the extended data definitions
  - i. Possible revisions to the descriptions include changing the category of “Violence” to one of the following: Injurious, Distressing Act, Distress, Distressing Call, Improper/Offensive, Injurious/Unwanted, Distressful/Offensive/Injurious

**ACTION:** Get suggested list out to Advisory Board members to discuss with their EMS Stakeholders

### Violence in EMS DataSet

- vii. This dataset would be an “adjunct” of the NEMSIS datasets. A part of the NEMSIS standard but not included in the ePCR dataset
- viii. This dataset would be reportable when an event/incident occurs to an EMS Clinician while on duty regardless of whether or not the event/incident occurred during an EMS event
- ix. Work with vendors on the best way to integrate the dataset to eliminate duplicate data entry as much as possible. Could be a pop-up when eOther.06 is marked, or a question on every ePCR to close the call.
- x. The list of values to include in the violence dataset needs national review. Different EMS Provider Agencies and EMS Offices may require different elements to be included as valuable. Avoid all duplicate data entries, possibly aligning with NERIS, some of the elements may be similar to HR/Workman Comp, and need to be easily entered, easy for the EMS Clinicians.
- xi. Educational materials will be a strategic key to success. White papers, PowerPoint, CE material
  - a. When to report
  - b. Who to report to
  - c. Law Enforcement role
  - d. Scenario-based training
  - e. Education regarding the normalization of some incidents that should be recorded
  - f. Work to get the education included in the EMT and PM initial and continuing education courses
  - g. NO REPERCUSSIONS
- xii. Sundown- supervisor review section may not have the same value

### v3.5.1 Changes

1. 77 approved and handed over to NEMESIS IT Developers – Due Diligence starting
2. Taking submissions for the next revision
  - a. Seems too close to the v3.5.0 major rollout to close v3.5.1 change requests. Not enough time to work within v3.5.0.
  - b. NEMPUB –596- Josh will send an email to Jen to make a note on the NEMPUB ticket to confirm consideration is paid to other parts of the standard that may be affected by this change
  - c. Revisions- timing of revisions and how to compensate for the time between revisions and still be responsive to the ever-changing needs within EMS.

### v3.5.0 Revision Concerns

1. State schematron vs National Schematron Rules causing issues
  - a. “Transport by another unit” interpretation causing concern with some state schematron rules
  - b. New dispositions when the unit completing the ePCR is assisting another unit, rules are kicking in that the assisting unit may not have the information
  - c. eDisposition.29 When there is intermediary care such as an ALS unit assisting a BLS unit with an assessment before handing the patient back to the BLS unit not well developed in the current v3.5.0 standard - need intermediary care option