Advisory Board Meeting Notes
Thursday, May 30, 2024
12 PM – 2 PM


Update on Violence against EMS Personnel
i. Jeremy Kinsman provided an overview and status of Violence in EMS dataset development project
   a. eOther.06 will have Violence and Struck By descriptions in NEMSIS v3.5.1
   b. Working on a draft data dictionary and schema with the Violence in EMS workgroup
   c. Worked with CDC and SAVER at Drexel University
   d. Future meetings with EMS Stakeholders to determine collection methods and goals
   e. Possible barriers to success discussed
      i. Data collection system that could be used for multiple services – limit duplicate entry, coordinate with other organizations
      ii. Getting crew members to report; The Drexel form was used at Philly Fire and the completion rate was very low compared to the event
      iii. The definition of “Violence” may vary
          1. Would patient action caused by health issues be included, i.e. flailing due to seizures
          2. Ex-flailing due to seizures
      iv. Currently states and agencies may be collecting but not in a consistent way and often in the narrative, difficult to track
      v. Violence study found that searched narratives mentioning violent incidents compared to claims made, revealed more incidents than were reported
      vi. Needs to be connected with tools, resources, and education for local agencies.
         Follow-up with Clinicians will be imperative
   f. This type of information collection is not the traditional NEMSIS TAC role; is the data housed within the standard or along side the standard
   g. Perhaps partner with NASEMSO to create educational resources

Action:
• Suggest to DMC Custom Element Subcommittee to create custom element with eOther.06 values until v3.5.1 is released
• Review OSHA materials for updated Violence in EMS information
Reminder about registration for Annual Meeting
   i. October 22-24, 2024 in Park City, UT
   ii. Coupon Codes sent for Advisory Board Members to participate
   iii. Register here: 2024 NEMSIS Annual Meeting - NEMSIS

Action: None

MVC Crash Dashboard
   i. Clay Mann presented the MVC Crash Dashboard Project, which will place an emphasis on Post-Crash Care and MVC Accidents utilizing NEMSIS and Vendor data to provide precise location information within the reports.
   ii. Provides more medical information than the police reports
   iii. States will need to give the vendor permission to share with limited groups
   iv. ImageTrend piloting, will offer to other vendors as well if they are interested
   v. Potential for DOT funding related to MVC or alcohol-related events
      a. Would like to see a funding model based on the amount/quality of data submitted
   vi. Vendors would not charge additional fees for access
   vii. Vendor partnership is necessary because of restrictions regarding data sharing from the TAC
   viii. DUA with state and TAC revisions may be needed to remove the restriction for NEMSIS regarding geographical information
   ix. Some states want to give NEMSIS all of their data, not just national elements
   x. The new NASEMSO Data Governance Board will discuss what is reported to the national level from states and what can be reported out by NEMSIS – could affect the need to partner with vendors
      a. DMC has discussed more specific location data being sent, more director level discussions are necessary
      b. Some states may have to cease submitting if the DUA requires specific location reporting and reporting out of the location data
      c. Concerns around the case count and rural geographies, with enough filters, can identify if alcohol was involved, revealing PHI; Small cell suppression will need to be tight

Action: None

MIH/CP/Critical Care DataSet
   i. Discuss the scope and purpose of collecting a standardized MIH/CP dataset
   ii. Definitions of MIH/CP
   iii. Moving towards a case-based reporting system rather than event-level reporting
   iv. MIH/CP is a great solution to reduce emergency room visits
   v. Need to focus on the care of the patient over time
   vi. Frequent/Repeat patients need to be tracked/monitored which may be difficult with PHI
vii. Suggested to start small and collect small amount of data at first
viii. Need to include and consider billing requirements
ix. Need to include referral received and referral given
x. Currently some agencies are utilizing custom elements to capture visit number, enrollment, completion
xi. This is an intensive project architecturally collecting a standardized MIH/CP dataset if it is added to the NEMSIS Standard
xii. Where does critical care fit in to MIH/CP?
   i. Perhaps cluster data by groups - modules

**Action:**
- Steve McCoy will share the crosswalk of MIH/CP data currently being collected in Florida.
- Lesa Melbostad offered to create a table based on the definition of MIH/CP in each state – Jen Correa to check with the NASEMSO subcommittee if a table of state definitions exist
- Small Workgroup meeting taking place in June with Victoria Reinhartz and Scott Willits, the TAC, and NHTSA
- Attending MIH Summit at pre-conference EMS World September 9-10

**Open Forum**
   i. Cycle for minor changes needs to be more agile; Too fast for some, too slow for others
   ii. Requested use cases for additional dispositions

**Action:** More resources are being created