NEMSIS Version 3 Implementation Meeting

August 20-21, 2018

Silver Baron Lodges, Park City, Utah
Facilitator: Richard Hale

Workgroup: Universal (all Vendor) approach to eOutcomes

Approved Decisions:

1. Four elements will be removed from the eOutcomes section

    a. Emergency Department Chief Complaint should stay.

2. eOutcomes will not include any clinical data considered "optional"

3. Standard implementation tools/guides should be developed

Work Group Questions:

1. Should we rethink the structure of eOutcomes to better support data exchange? **Yes**
    a. Option A: Enrich eOutcomes (this could be used with option B)
        i. Add additional data elements to current NEMSIS eElements XSD
    b. Option B: Create new eOutcomes XSD (leaning in this direction)
        i. Separate document with separate lifecycle
    c. Option C: Utilize HL7 CDA Discharge Summary (Don't want to give up on this option, but would like to include the CCD document)
        i. Managed entirely by HL7 and considered a meaningful use document
- HL7 v2 A03 added to eOutcomes as an attached element
- Richard & Prabesh volunteered to lead and do further analysis (based on the elements required) to provide additional information regarding the pro's and con's/expectations of each option. Mapping implementation guideline and diagram of each option.
- We also request of NEMSIS TAC a value statement for why we need this data. This information will be helpful to explain the importance of this issue to others.

2. What tools should we develop to assist in implementation?

Examples:

- HL7 CDA Implementation Guide
  - Indicate which CMS Approved elements should be associated with eOutcomes elements.
    - Provide the mapping document from the ADT03 message as well as the CDD and CDA discharge template
  - Provide full eOutcomes XSD Data Dictionary
  - And online XSD for eOutcomes.XSD Document

3. How should we deal with external registries asking for additional "outcome" measures from hospital (HIE) sources?
  a. Based on our recommendations how would we handle the addition of new outcome elements to our standard?
     i. Creating a new template is the ideal approach, too difficult to get anything added to HL7 (applies if we were considering option c.)
     ii. If we choose option b, we will follow the normal NEMSIS data dictionary and revision schedule.
  b. Should external registries outside of NEMSIS be a consideration in this process?
     i. As long as doing so does not impede the advancement of our dictionary, we should consider external registries and attempt to harmonize both ways.

  Danielle Cote suggested that we review two documents:

     i. Integrating The HealthCare Enterprise IHE Technical Framework Supplement
     ii. IHE Quality Outcome Reporting for EMS