Suggested Lists to Defined Lists

The Finalized Approach for V3.5.0

Office of EMS,
National Highway Traffic Safety Administration
NEMSIS TAC

During the Summer of 2020, working with the NASEMSO DMC and participants on the NEMSIS V3 Implementation Calls, an approach to move the us of ANSI approved code sets from "suggested use" to "defined use" was finalized.

Problems to Solve

- Many codes used for the exact "same thing"
  - 12 different codes for Albuterol were utilized in 2019
    - Many codes include brand names or dosages
- The number of "possible" codes hinder usability
  - For Primary/Secondary Provider Impression, we there were 8,316 codes in use in 2019
- Provider Fatigue
  - Coding patterns for elements suggest EMS clinicians may be choosing the first option displayed (or "go-to", or generic options), rather than searching for the most appropriate code for an element

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Recommendations from 2019 V3 Implementation Meeting

NEMSIS Version 3 Implementation Meeting

August 20-21, 2018
Silver Baron Lodges, Park City, Utah

Workgroup: Developing a Common Approach to Suggested Lists

Approved Decisions:
1. Nine elements will retain a code pattern for values
2. For thirteen elements, suggested value list becomes "defined" (i.e., standardized)
3. Defined lists will be maintained to support traditional services offered by EMTs/Paramedics

Work Group Questions:
1. Choose a process to enforce standardized value lists
   a. Encode lists in the XSDs
      i. Considered cumbersome and inflexible
   b. Use validation rules (through Schematron) to ensure presence of value lists.
   c. Produce a re-code standard, all locally reported values must "roll-up" to define values at exchange with State and National registries.
2. Choose a process to support lists for specialty care?
   a. Meds/procedures for specialty care added as custom values and rolled up into generic categories at exchange with State and National registries.
3. How do we keep defined lists current?
   a. Modifications to element value lists considered a "technical update" and are provided yearly.
   b. How to ensure compliance with updates?

Additional Modification (based on 6/10/2020 V3 Implementation Call): 2.a. Meds and procedures for specialty care would rely on existing practices and current NEMSIS pattern restrictions….no change. Analytical code roll-ups would be made available at State and National levels to make the resulting data more useable. At the State and National level, both original codes and roil-ups would be available.

Additional Modification (based on 7/08/2020 V3 Implementation Call): 3.b. To ensure vendor compliance with defined lists in V3.5.0. Meds and Procedures defined lists with be evaluated based on the new requirement for the incorporation of a StateDataSet Builder in State-level products. Eleven other elements requiring defined lists will be accessed during the compliance testing process with test case data.

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Keep a Pattern Only for….

Elements related to the patient medical history, billing experts, and hospital outcome information:

- Patient Medical Information
  - eHistory.06 – Medication Allergies
  - eHistory.08 – Medical/Surgical History
  - eHistory.12 – Current Medications
- Payment section
  - ePayment.51 – EMS Condition Code
- Outcome Information
  - eOutcome.08 - Emergency Department Recorded Cause of Injury
  - eOutcome.09 - Emergency Department Procedures
  - eOutcome.10 - Emergency Department Diagnosis
  - eOutcome.12 - Hospital Procedures
  - eOutcome.13 - Hospital Diagnosis

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Provide Defined Lists
(allowing for use of a pattern)

- Symptoms
  - eSituation.09
  - eSituation.10
- Impressions
  - eSituation.11
  - eSituation.12
- Cause of Injury (eInjury.01)
- Incident Location Type (eScene.01)
- Patient Activity (eSituation.17)

- Defined lists are expected to be presented to clinicians in the graphical interface. This expectation will be evaluated during compliance testing.
- Specialty care (air-medical /interfacility/critical care transports) will utilize same defined lists.
- Values outside of defined lists will be allowed for all users through existing patterns.
- Standard "roll-ups" will be provided by the NEMSIS TAC for National and State-level research and performance assessment.

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Provide Defined Lists
(allowing for use of a pattern)

- Procedures
  - eProcedures.03
  - dConfiguration.03
  - dConfiguration.07
- Medications
  - eMedications.03
  - dConfiguration.04
  - dConfiguration.08

- Included as part of the StateDataSet. State Schematron rules are expected.
- Defined lists for meds/procedures will be limited to those approved for use during a 9-1-1 activated response (all certification levels).
- eMedications.03/eProcedures.03 for air-medical/interfacility/critical care transports can rely on existing patterns.
- Values outside of defined lists will be allowed for all users through existing patterns.
- Standard "roll-ups" will be provided by the NEMSIS TAC for National and State-level research and performance assessment.

Result of these recommendations

- For 911 initiated EMS ground responses with BLS or ALS care provided:
  - Initial value codes provided for these elements in GUIs are "Defined List"
    - "General use" will be evaluated during product compliance testing
  - Patterns still allowable on all elements
  - All codes "rolled-up" at the State and National levels with standard approach

Use Case #1

Result of these recommendations

- For specialty care activations (air, critical, interfacility, etc.)
  - Same approach for all elements
    - Excepting eMedications.03 and eProcedures.03
      - All ICD-10-CM and SNOMED-CT codes allowable as defined by existing patterns. States may develop defined lists

Use Case #2

Process Resources Available

- An inventory of codes that did not qualify to inclusion on the Defined Lists for each element.
- A description of the methodology used to "update" the Defined Lists in 2019.
- This PowerPoint presentation outlining the intended use of the Defined Lists and associated compliance testing measures.

Thanks to the Suggested List Work Group Members

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Mark Sullivan	Golden Hour Data Systems

Questions