

Benefits of Transitioning to v3.5

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Objectives of v3.5

- Reduce PCR data collection burden for clinicians
- Make data collection more intuitive
- Make data more usable
- Make data more exchangeable



Transitioning to v3.5

- Reduction in the data collection burden placed on field clinicians.
 - reduces the number of mandatory elements by 10.



Transitioning to v3.5

- Improved documentation of call disposition
 - Allows clinician to clearly identify a disposition for a patient, the EMS crew, the unit, and the transport.

Patient Treated, Released (AMA)	Disposition 27 - Unit Disposition		
Patient Treated, Released (per protocol)	Disposition 28 - Patient Evaluation/Care		(N,L)
Patient Treated, Transferred Care to Another EMS Unit	Disposition 29 - Crew Disposition		(N,L)
Patient Treated, Transported by this EMS Unit	Disposition 30 - Transport Disposition		(N,L)
Patient Treated, Transported by Law Enforcement	Disposition 31 - Reason for Refusal/Release		
Patient Treated, Transported by Private Vehicle			

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- Unique record identifiers are added (UUID)
 - Aids agencies and states in tracking resources over time.
 - Personnel, equipment and vehicles.
 - Aids states in tracking record resubmissions
 - Improve the timeliness of record completion
- Replaces HASH
 - EMS Agency State + PCRN + PCR Agency Number + PCR Unit Call Sign + Event State + PCR Unit Notified By Dispatch Date/Time

Transitioning to v3.5

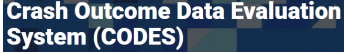
- Unique record identifiers are added
 - EMS records can be directly linked to other state and national registries
 - Trauma (NTDS), Cardiac (CARES, AHA), stroke (CDC), CODES (NHTSA), etc.

Transitioning to v3.5

- Harmonization with CARES/NTDS/FARS for reduced redundancy in data collection
 - Reduces data collection burden for state and national programs.



CARES
Cardiac Arrest Registry
to Enhance Survival




Crash Outcome Data Evaluation System (CODES)



ACS tqip
TRAUMA QUALITY IMPROVEMENT PROGRAM



Fatality Analysis Reporting System (FARS)



Transitioning to v3.5

- Implementation of Defined Lists
 - Improves the accuracy of documentation
 - Reduces clinician data collection burden
 - Efficiency: eliminates obscure and redundant codes
 - Effectiveness: consistent and descriptive code descriptions


eSituation.11 & .12 – EMS Impression


- In 2018, 6,880 ICD-10-CM codes reported.
 - 2016 Suggested List: 69.4% of codes represented, 17 parent codes, 171 codes
 - 2019 Suggested List: 90.5% of codes represented, 17 parent codes, 120 codes

In 2017, 4,516 ICD-10-CM codes reported

Transitioning to v3.5

- Facilitating the Promise of eOutcomes
 - Removing untenable elements
 - Harmonizing with Meaningful Use template
 - Patient Discharge Summary CCDA
 - All requested elements now "National"
 - EMS eOutcomes "handshake template" (ADT and FHIR)





Transitioning to v3.5

- Frequent EMS software compliance testing
- Software retesting for NEMSIS compliance every 1 to 2 years.

Software Company	Product Name	Product Version	NEMSIS Version Tested	Compliant Since	Recertification Date	V3 Call Participation*	2020 Annual Meeting Participation**
Forte Holdings Inc	PCR	v3.6	v3.4.0	09/07/2015	10/23/2020	100%	✓
Golden Hour Data Systems	Golden Hour Live	2015	v3.4.0	05/07/2015	01/19/2021	100%	✓
ImageTrend, Inc.	Elite	1	v3.4.0	12/23/2015	05/20/2021	100%	✓
Inspeironix	EMS Outfielder Web	3.6	v3.4.0	01/09/2017	12/10/2020	100%	✓



Questions?

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