



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

Attendees: Jeremy Kinsman, Clay Mann, Lauri Lunde, Bengie Alexandre, Jennifer Correa, Frank Sloan, Steve McCoy, Lesa Melbostad, Sundown Stauffer, Josh Legler, Tom McGinnis, LeAta Jackson

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 NEMESIS 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 NEMESIS 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 NEMESIS Annual Meeting - NEMESIS](#)

**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 NEMESIS 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 NEMESIS regarding geographical information
- ix. Some states want to give NEMESIS 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 NEMESIS – 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 NEMESIS 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