Advisory Board Meeting Notes
Tuesday, October 22, 2024
9 AM – 4:45 PM

Attendees: Bengie Alexandre, Brooke Burton, Eric Chaney, Frank Sloan, Gam Wijetunge, Jennifer Correa, Jeremy Kinsman, Joe Graw, Josh Legler, Kevin Nicholes, LeAta Jackson, Lesa Melbostad, Rachel Abbey, Randall Eimerman, Steve McCoy, Sundown Stauffer, Tom McGinnis

Welcome

I. By Eric and Gam

Introductions

II. All NEMSIS EMS Advisory Board members were introduced, stated their affiliations and identified any conflicts of interest.

Recommended Topics for NEMSIS Trainings

III. What does the U.S. Department of Transportation (DOT) want to understand about EMS?

IV. States data flows to NHTSA, how do we present the data, then create national measures?

V. NEMSIS TAC can do a better job at targeting the audience for training.
Past trainings – multiple tracks, clinicians, DM, states

VI. The development of an operational patient documentation framework or national guideline.

Break

Interoperability, Next Steps

VII. The cost of purchasing insurance for the data due to the rise in data breach is enormous, almost half of the budget is spent on protecting the data, may also include the cost of DUAs.
Is there grant funding that can help with this issue?

VIII. Redefine the use of data so others can feel more comfortable sharing it.

IX. Standard operations procedures are published – can they impact the quality of data sharing/outcomes.

X. Guard rails are in place for security measures.

XI. Sub-use cases are more specific.

XII. The TEFCA framework that is in place will be in a standardized format and will help solve a lot of use cases – there are baseline security measures in place (HIPPA, etc.).

XIII. Anyone within the data network can share data, anything outside of that requires more permissions.
Keep the use case simple and demonstrate success.

XIV. Make a distinction between legal aspect and patient outcomes, requirements on both sides need to be clearly defined.

XV. TEFCA use cases in natural disaster – different services from other care providers, it was difficult to track patient information (in TEFCA if both providers are in the system, it will be easy to access patient

data from any location)

XVI. Education on how to utilize the reporting of the data.

XVII. Identify interoperability Projects

XVIII. Scope and priority
The process of the data and which aspect NEMSIS is focused on

XIX. Barriers – discussed barriers
Some in the works, others have not started

XX. Accomplishments
   a. Past: PWW paper, importance of EMS data due to covid-19 data, created a wiki to document changes
   b. Future: more data transformations, whitepaper, increase EMS representation in TEFCA, support implementations

XXI. Trusted Exchange Framework and Common Agreement (TEFCA) – a set of principles, terms, and conditions that enable the nation-wide exchange of electronic health information (EHI).

XXII. The common agreement allows network-to-network data sharing

XXIII. Should vendors be putting data in HL7 format?

<u>Blood Transfusion Data Collection</u>

XXIV. Prehospital Blood Transfusion – Need initial patient count based on existing data, no time to create a new version of NEMSIS or identify National Custom Elements. Initiate national meetings to identify the required data set for blood transfusions.

<u>Other Systems</u>

XXV. Documenting prehospital blood – would it need to be mapped to the NEMSIS data?

XXVI. There are conversations about proper documentation in the DMC group.

XXVII. What are the things required for proper documentation? This data is already being documented, but are we missing vital information?

<u>Action Items</u>:

- Kevin can provide slides to Advisory Board
- Blood transfusion data collection- (Joe Graw) can we come up with an appropriate code that transfers to other systems

NEMSIS
BETTER DATA. BETTER CARE.

MIH/CP

I. Definition of Mobile Integrated Health and Community Paramedicine
   a. No disagreement with the definitions presented to the board
   b. It was brought up that some states may not adopt the definitions to allow a broad implementation of MIH/CP within their state

II. Approach to determining Elements to Collect as part of the minimum dataset
   a. The approach of "less is more" is appropriate
   b. Working with vendors, EMS Clinicians, EMS Provider Agencies, State EMS Offices, and organizations such as NAEMT, NAMIHP, and NASEMSO will be critical in developing a minimum data standard that meets needs and gets adopted
   c. In the first minimum standard dataset it will be important to be interoperable with other data collection systems beyond EMS ePCR systems such as hospital Epic, Cerner, and existing MIH/CP vendors with the longitudinal view of patient improvement

MIH/CP – Wrap Up

XXXI. MIH/CP had consensus as a growing section of the EMS industry. It is important to not burden the EMS Clinicians with a large number of requirements while capturing the essential elements involving billing, regulation, and legislation and to show the impact of MIH/CP on local communities. Interoperability with the event data collected during the specific MIH/CP visit and the overall patient care will be critical.

Violence in EMS Update

XXVIII. Where are we? Where is it going and what will the data tell us? How will it help the EMS Clinician/Agency?

Action:

- Randall/Jeremy to send out a Data Dictionary to Sundown (Advisory Board), will consolidate three presentations to one file.
  - Receive feedback from the board and resubmit data dictionary for final approval
- Eric to send out MS Word document to Advisory Board

Certificates, Wrap-Up, and Thank you

XXIX. Certificates
   Conclude