

## EMS ADVISORY COUNCIL DATA COMMITTEE MEETING

ORLANDO, FLORIDA

MONDAY, JULY 7, 2008

8:00AM – 4:00PM

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Steve McCoy, EMS Systems Analyst, opened the meeting with an overview of the status of EMSTARS. He stated that EMSTARS went live with the official startup of the pilot and charter agencies on July 3, 2008. There are eight on-line reports now available. The EMSTARS database currently has about 210,000 records.

Chief Moreland, Data Committee Chair, thanked the committee members who attended and participated in the 2008 EMSTARS Key User Workshops. He welcomed Joann DeSerio, as a new Data Committee member who represents EMSC (Emergency Medical Services for Children). Chief Moreland mentioned the strategic plan, stating that we need to know how it will impact us as a data committee, and will discuss further at the EMSTARS Meeting on July 8. He also encouraged the Data Committee members to network; reach out to other providers and assist in transitioning to EMSTARS. Chief Moreland explained that the Data Committee has the opportunity to provide information and to educate providers on the system.

Stephanie Daugherty, EMS Data Manager, gave a brief overview of the 14 EMSTARS Key User workshops. There were approximately 208 providers, representing about 112 agencies that attended the workshops. She also thanked the committee members who participated in the workshop. Stephanie and Beth Curtin handed out certificates of appreciation to those members who were at the workshop:

Charles Moreland  
Art Garcia  
Joe Kanzler  
Kathy Koch  
Keith Cartwright

Ken Devin  
Les Williams  
Mac Kemp  
Steve LaRue

The EMSTARS project team also thanked the following Data Committee members for their representation and participation in the workshops:

Joe Nelson  
Brian Beasley  
Dave Holler  
Jeff Barnard

Raul Fernandez  
Tom Burger  
Tom Sheridan  
Barbara Uzenoff

Ken Devin gave a presentation on the process for collecting and reporting the Trauma Alert Criteria. After a lot of discussion between the members, a decision was made to table this issue until further work was done. Ken Devin agreed to continue work on defining the process for collecting and reporting Trauma Alert Criteria and present at the October Data Committee meeting.

Steve McCoy gave an overview regarding the Emergency Dispatch bill. He explained that the Bureau of EMS has responsibility for the Emergency Dispatch Certification Process and the data unit has lead in implementing a program to certify emergency dispatchers in the state of Florida.

Steve McCoy gave an overview on the development of a STEMI/Stroke hospital list. He explained that he has contacted Joint Commission on the Accreditation of Healthcare Organization (JCAHO), Agency for Healthcare Administration (AHCA), and American Heart Association (AHA); however, there is no certification process for hospitals to become STEMI certified. The Agency for Health Care Administration (AHCA) does have a list of hospitals that have capability to do PCI; and those hospitals that do not do open heart surgery, file for an exemption. Steve explained that in working with AHCA staff, he has developed a STEMI/Stroke list.

Juan Esparza gave a presentation on EMSTARS facility codes. He explained that there was a need to create a unique EMSTARS facility code. The unique code is a combination of three AHCA assigned numbers; the Provider Code (a code that distinguishes one facility from another), the File Number (the identifier assigned to a facility), and the License Number (unique identifier).

Julie Bacon, EMSC Chair, gave a brief overview of the importance of the partnership between EMSC and the Data Committee. She explained that EMSC is passionate about data. She explained that there is a need to find out where we are as a state and as a nation in providing quality prehospital care for children. In lieu of the implementation of the Government Performance and Results Act (GPRA), public agencies are increasingly being held accountable for achieving outcomes. As a result of GPRA, all federal agencies are obligated to provide data to Congress on the effectiveness of their programs. In an effort to continue its focus on accountability and performance, the EMS for Children Program tasked the National Resource Center to develop a set of performance measures for the EMSC Program.

Julie explained that the purpose of the EMSC Program performance measures is to document activities and accomplishments of the Program in improving the delivery of emergency services to children. Also, the information for the measures will provide guidance to the Program on future areas for improvement. These measures will provide an ongoing, systematic process for tracking progress towards meeting the goals of the EMSC Program; allow for continuous monitoring of the effectiveness of key EMSC Program activities; identify potential areas of performance improvement among states; determine the extent to which states are meeting established targets and standards; and allow the EMSC Program to demonstrate its effectiveness and “tell its story” to the Health Resources and Services Administration (HRSA), Congress, and other stakeholders.

Having statewide, uniformed data aligned with Florida's EMSC Program performance measures will provide the mechanism to capture the program's effectiveness and achievements in improving the emergency care of children. Julie further explained that the Florida EMSC Program is requesting to have elements added during the Data Dictionary 2.0 modifications to ensure that Florida EMSC achieves federal compliance with GPRA. As a result, this step will document emergency care for pediatrics in Florida by EMS providers. She introduced Joann DeSerio, RNC, who is the new EMSC/Data Committee Liaison. Joanne is the Neonatal Transport Coordinator for Sarasota Memorial Hospital Maternal-Neonatal Transport Team.

Steve McCoy gave an overview of EMSTARS reporting. He explained that there are two types of reports; online standard reports and ad hoc reports. For online reports, he covered the types of reports, statistical views, report accessibility, report dynamics, report validity. Steve explained that there are 8 on-line reports available at start-up with agency view only. It will be a constant building process in providing online standard reports.

Steve explained that ad hoc reports will be available later this year and will be masked. There will be an ad hoc requests form that has to be completed. He explained that since EMSTARS is an immature database, request may be reviewed by the Emergency Medical Review Committee. Art Garcia asked if there would be a turnaround time for the completion of the ad hoc data requests. Dr. Nelson explained that there is a need to set a time frame for response. Dr. Nelson further explained that the EMRC is not meant to be a stopping point for ad hoc requests; however, the EMRC needs to understand what is being requested in case there is a need to look into certain areas. He also explained that the data is 100% masked even for EMRC members.

Barbara K. Uzenoff recommended that the Data Project Team, the Data Committee and the EMRC review the manner in which AHCA shares healthcare outcomes on its website, in lieu of trying to create the capacity to allow ad hoc data requests for EMSTARS data [at least for now].

Barbara K. Uzenoff suggest we should first always consider adopting another model, if comparable, which has been time-tested and has already undergone a succession of continuous process improvements, and then build forward from there.

Art Garcia explained that only certain requests need to go through the EMRC for approval. He explained that sometimes people requesting data may not be sure what they are asking for and the EMRC can assist. Capt. Devin explained that there needs to be direction on how to manage the data; where the Data Committee responsibilities begin and where EMRC picks up. Les Williams explained that as a provider, he did not sign up to get data from other committees; approval from EMRC.

Dr. Nelson explained that the EMRC is not there to keep you from getting data but rather make sure you are getting the right data. Art Garcia explained that there are assumptions that the EMRC is taking over EMSTARS; whereas EMRC wants to make sure right information for right reasons is disseminated. Chief Moreland explained that there needs to be more written guidelines on how EMRC will work. This action will help clear up some misconceptions. Gary Ball explained that EMRC should not be policing and denying but rather clarifying and assuring accuracy and benchmarking.

Steve gave an update from the NEMSIS TAC. He stated that there are currently 11 states reporting to NEMSIS; 12 states will be reporting by the end of the quarter. At the end of June, there were 3.2 million records in the national database. Steve explained that the NEMSIS TAC is on the verge of bringing many states on board and hopes to have 20 states reporting to NEMSIS by the end of the year. He explained that they should have enough states reporting by the end of the year to begin using the data.

Steve explained that by Dec. 2008 / Jan. 2009, national reports utilizing the data should be available. Sample reports are currently available; user id and password is available on the screen. NEMSIS TAC is not sure when State Specific Reports will be available. They are currently working on the peer groups to enable states to choose 5 states that they would like to compare (benchmark) themselves against.

The move to version 3.0 NHTSA NEMSIS Data Dictionary will address the national data set. The National Data Set will be addressed in regards to those elements that are not as valuable or that can be combined; and add/delete data elements. Other areas that will be addressed are specialty areas such as Stroke, STEMI, Trauma, and Airway.

The National Healthcare Infrastructure is pushing for an Electronic Health Record by 2014. Therefore, NEMSIS must proceed with a Standards Development Process to be approved and be part of the National Healthcare Infrastructure Electronic Health Record. The SDO process is going to be a slower process than originally thought. However, NEMSIS is moving forward with the version 3.0 NHTSA NEMSIS Data Dictionary with a planned release of 2010. A draft should be ready summer of 2009. The SDO certification will not be complete by the time version 3.0 is released but there should only be subtle changes when the HL7 SDO process is completed.

Juan Esparza explained that there are three future startup dates for transitioning EMS provider agencies to EMSTARS. The dates are October 2008, April 2009, and July 2009. He discussed the implementation plan and dates for Version 1.4 and Version 2.0 modifications.

1.4 Data Dictionary changes – Vendors and the EMSTARS project team will be ready September 1, 2008. Agencies have until December 31, 2008 to be ready.

2.0 Data Dictionary changes – Vendors and the EMSTARS project team will be ready September 1, 2009. Agencies have until December 31, 2009 to be ready.

The committee reviewed the 2.0 modifications that have been captured so far. The committee briefly discussed each item and decided whether to remove the item from the list or keep the item on the list for further discussion at the October Data Committee meeting.