



AZ PIERS
Registry Users Group
(EMSRUG)



Minutes

Monday April 25th, 2016 – 10:00 a.m. – 12:00 p.m.

Arizona Dept. of Health Services

150 North 18th Avenue Phoenix AZ 85007

5th Floor – 540A Conference Room

AZ PIERS Contacts:

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- A) Welcome & Introductions
- B) Review & Update Benchmark Reports
 - For each report (Trauma, STEMI, Cardiac Arrest, Stroke), Focus on:
 - 1) What is meaningful to EMS?
 - Ex: Aspirin but only if not already in current meds or contraindications?
 - 2) What are the data elements & values we have now in Version 3 to allow the benchmark to be measured?
 - Ex: V3 Prior aid (performed by) is available, but ‘Law Enforcement’ is no longer a choice. The more generic ‘Other Non-Healthcare Professional’ is now the only appropriate choice.
 - 3) Are your crews going to collect this info in a consistent, quality manner?
 - Ex: How can you ensure this? Are the values relevant to your agency’s medical direction/protocols?
 - 4) How do we look for limitations and how to address those?
 - Ex: A blank can be counted on as a ‘no’ or is it just a blank?
 - Discussion: procedures that are missing (blank) are to be considered as ‘not done’

Quarterly EMS Major Trauma Report discussion

- HDD confirmed patients
- Demographics:
 - o Age & Gender count by Incident Patient Disposition: need to add comparison with State population for age & gender
- Performance Measure 1: On Scene Time
 - o Arrive on Scene or Arrive at Patient time compared to transfer/departure time. Look at Golden Hour.
 - o Separate out Air vs. Ground Agencies. Compare air agencies to aggregate air, compare ground agencies to aggregate ground.
 - o Percentiles: 25th, 50th, 75th. If 75th percentile then look at delay reasons.
 - o Breakdown ranges minutes: 5-10, 10-15, 15-20, 2-25
- Performance Measure 2: Documentation of trauma triage criteria
 - o What is the documentation when it is present?

- What was EMS thinking when referring to a trauma center?
- Required to document Trauma Triage Criteria in V3
- Hospital Destination: Keep as is
 - Combine w the Trauma Triage Criteria in V3
- Divide RR, SBP, RTS, GCS into categories. Documentation of these is not a problem
- Give Revised Trauma Score
- Graph 7 “Patient transport mode to health care facilities” makes sense to have as statewide only
- Remove Table 4 “Reason for choosing destination” and Graph 8 “Reason for choosing Destination”
- Performance Measure 3: Documentation about mode of transport
 - Divide population: Air from Ground EMS. Divide Ground by Urban and Rural based on incident zipcode. So Urban vs. other urban, and rural vs. other rural. One agency might get two reports as some agencies cover both urban and rural areas.
- Performance Measure 4: Documentation of Airway
 - Advanced Life Support (ALS): 1) Superglottic airway 2) surgical number vs. number of attempts 3) Advanced number vs. number of attempts 4) Other number vs. number of attempts
 - Procedure supraglottic → who did it identifies as ALS or BLS
 - BLS: 1) Superglottic airway BLS number vs. number of attempts 2) Other BLS number vs. number of attempts
- Performance Measure 5: Improve documentation related to care of TBI patients
 - TBI patients: Intubation Yes vs. No.
 - Remove TBI section
 - Describe Trauma diagnosis and mechanisms of injury
 - Break linked outcomes out by their type of trauma. Final Outcome, CPC codes.

C) Data Quality

We had a few ‘outbreaks’ in our Cause of Injuries lately. After pinpointing two in particular, we found the root cause was not the activity but the data collection.

- 1) Labels reflecting Codes: Or “How to avoid an outbreak of motorized mobility scooter trauma.”
 - a) A large spike in Cause of Injury = Motorized Mobility Scooter. After investigation, it turned out a particular vendor had the code for Motorized Mobility Scooter, but had labeled it on the front end as ATV. So, while it appeared we had an unusual spike in injuries involving Motorized Mobility Scooters, it really was just a labeling issue.
 - This is an example of why it is important to know what codes your system uses and their official descriptions, and not just the label. Only codes (not labels) are sent over in your ePCR files to AZ-PIERS from vendor exports.
- 2) Value definitions/training matters: Or “Why does there appear to be a spike in police involved stabbing/shooting injuries in AZ”?
 - a) Lesson: We do not have a spike. A particular agency had crews choosing ‘Legal Intervention’ as the cause of where the police were called to the scene after the injury occurred. An example of one that did correctly use ‘Legal Intervention’ was where the patient was ‘Tased’ by police and that was the cause of the injury. Legal

Intervention should only be selected if the law enforcement inflicted the injury, not if they were just involved in the scene.

D) NEMSIS Version 2 closing date discussion

- Version 2 data closing date has been moved out to the end of July 2016. Version 2 incident date data will be accepted until January 31, 2017 but any Version 2 data submitted after July 2016 may not be included in any agency or aggregate reports and may not be archived in the data dump. Version 2 data submitted to AZ-PIERS after the July 2016 deadline will still be saved in the primary AZ-PIERS database as accessed by Report Writer. AZ-PIERS reports will begin to focus on Version 3 data. If you have any questions, please email Anne.Vossbrink@azdhs.gov

E) Extended Data Definitions

- 1) Defining Delays – No standard set by other AZ organizations – any suggestions? None given.

F) Updates:

- 1) The AZ-PIERS V3 Suggested List Project Update: Cause of Injury
 - a) The list is ready and posted on the public website, along with Impressions, Symptoms, Incident Location Type, and Medical/Surgical History.
- 2) Elite in-Person Training, EMS Education Day
 - a) Great positive feedback. Any other agencies using other vendors interested in getting together to have a similar education day? ADHS would be happy to host and coordinate. Please contact Anne Vossbrink with requests.

G) Announcements

ImageTrend direct V3 users: Auto-Narrative is available now.

All users: itExam.002 “STEMI Triage Criteria” has been changed to itSTEMI.005

H) Topics of Future Discussion as proposed by group
None suggested.

I) Open floor