AZ PIERS
Registry Users Group
(EMSRUG)

Minutes

Monday July 28, 2014 - 9:30 a.m. – 11:30 a.m.
Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
AZ PIERS Contacts:
Anne Vossbrink 602-364-3164 or Anne.Vossbrink@azdhs.gov
Rogelio Martinez 602-542-2246 or Rogelio.Martinez@azdhs.gov

A) Welcome & Introductions

B) NEMSIS submission

1) Agency action required: see attached document. Also this will be sent separately to all agency primary contacts listed within AZ-PIERS accounts. This information is not something I know for each agency, and without these fields being updated, data will not be transmitted successfully to NEMSIS. If you are unable to log into AZ-PIERS after following the attached guideline, please email me back with the answer to the three agency variables/questions and I will enter it for you.
2) A sample of what your data does (national report). This is just one way that your data (at an aggregate level) is used to help provide education and information on important topics. Go to http://www.nemsis.org/index.html and download the pdf report of "Safety in Numbers: How EMS Data Saves Lives". It might also be helpful in situations where you would like to provide some evidence as to why your efforts to collect data on a daily basis result in important research that helps in evaluating how improvements can be made that positively impact your community. We have also attached it to these meeting minutes for your review.

C) EMS quarterly PI reports

1) How are you using them? – Agencies are using them both for Data Quality and reviewing outcome data.
2) How is this affecting any processes? –reports were reviewed. Perhaps the basic points would be good to also pass down to the provider level personnel?
3) Frequency & breakdown – Mixed interest here. The outcome data is great to have, but the date range is fairly old. This is because the databases utilized for outcome linkage (Hospital Discharge Database, STEMI, etc.) have about a six month lag as hospital record data of which not all can be collected soon after intake (ex: charges), so deadlines for their data submissions are adjusted to reflect that need. Agencies indicated more real-time reporting would be great, but then it would not have outcome, which is not as helpful. We are still determining in what ways we can address these issues. Perhaps each report is twice a year but with outcome data and an internal comparison of two quarters within one

six month date range report. Ideally, we need to push to find a way to get outcome data (and other patient data at the hospital level that is more real-time) into the system (AZ-PIERS) directly without having to wait for a database lag. The PI Tools are part of these quarterly reports, and are updated as suggestions for improvement are received and reviewed.

Find the PI Tools at: http://www.azdhs.gov/bems/data/performance-improvement-tools.php?pg=pre-hospital-qa or search at www.AZDHS.gov for key words "Pre-hospital Performance Improvement Tools"

Find the PI Tool aggregate reports at: http://azdhs.gov/bems/data/quality-assurance-reports.php?pg=qa or search at www.AZDHS.gov for key words "Quality Assurance Reports for Stakeholders"

4) Requests from pre-hospital coordinators – What is the best way for base hospital pre-hospital coordinators to access PI tool agency specific reports for the EMS agencies they base? Request through the agency 1st. Agency can send the report to hospital or request ADHS send it on to the hospital.

D) NEMSIS 3 update

1) Going to NEMSIS3: AZ-PIERS (State site) will be configuring the next version of the ImageTrend NEMSIS3 compliant software (Elite - State Bridge) in the next couple months. We have a goal set to be able to accept agency level NEMSIS3 compliant data starting the 3rd week of October 2014. We will need couple volunteer agencies to be beta testers. Please contact Anne Vossbrink if interested in finding out more information on volunteering to be a beta test agency. Ideally, we would like a few of each type: direct, stand alone, 3rd party vendor. Testing schedule will also depend on what vendors are ready to submit NEMSIS3 compliant data as part of the test.
2) What is a 'region' concept we can all fit into? And which is easily maintained?

   Not any one system easy to define and maintain.
3) Resources for NEMSIS3 ideas: Data Dictionary, summary elements document, extended definitions document, NEMSIS crosswalks (v2 → v3 & v3 → v2), validation rules (rules and also comparisons logic), agency id list, destinations list, AZ-PIERS suggested values list (based on NEMSIS suggested lists)
4) The next iteration of NEMSIS data set
   a) Using 'Destination' - many agencies use this to indicate the intended destination, even if that agency does not transport and does not ride along, to allow a hospital to pull the ePCR from the Hospital Dashboard. The definition of destination should really be where that unit left the patient (ex: ems agency id) if they do not transport or ride along. However, the need of providing the hospital the electronic record in good time is an important real-world consideration. Further discussion is needed to determine how to handle both these needs in the system and how the software vendors and NEMSIS may be able to help with this.

E) Data Consistency

1) Data definitions (now and for v3)
   a) Data Definitions – treated, transferred care vs. treated & transported

- Use of ‘treated, transferred care’ and ‘treated & transported’ are not being used consistently/defined the same at all agencies. Some agencies use treated, transferred care if they are not riding along on a transporting agency’s ambulance, and some if they are riding along and providing care. Also, some agencies are using treated & transported whether they are a transporter or if riding along. Also, some may use treated & transported to indicated that is the ultimate patient disposition and not referring to their agencies continued roll in patient care. NEMSIS3 version values for Disposition are expanded, but not at the level needed to allow clear values for each of these situations. Further discussion needs to occur at the national level with NEMSIS to remedy this, and within EMSRUG to develop and approve clear definitions of use for each value.

2) Review sample list – is this what we need? An example of an extended definitions list was shown, borrowed from another state. Something similar to this would be useful, and send to EMSRUG to review.

F) Did you get your agency level basic Data Quality reports?

1) What would help you most? Ex: state-wide? Same area? Similar type of service? Statewide, Area and similar type of service would be helpful.
2) Expansion plan: Add disease-specific data quality reports, such as Cardiac Arrest, Stroke, etc.
3) Access reports – options: Right now, reports are sent via secure email. We are looking into options on secure file sharing, but nothing is firm yet.
4) Vendor reports: plan, access to whom? Vendor reports are almost ready, and will be sent to each vendor. At this time, agencies can request to see their vendor’s report but they will not be posted on the website.

G) ‘Old business’ – updates on some projects we discussed last meeting.

1) SMR update: Additional Updates made. See attached protocol. Added and updated some additional procedure codes. See attached SMR vs. SI AZ-PIERS documentation guideline.
2) Lift assist update: Added additional value of ‘Lift Assist – Bariatric’ to allow agencies to distinguish between lift assist terms. See attached protocol.
3) Suggested values project- Continue to make progress. A big thank you to Val Gale from Chandler Fire and Brian Bowling from AMC (Native Air & Lifenet) for all their time and assistance with this project. Several procedure & medications on the Arizona scope rules are not apparent on the NEMSIS suggested values lists (the lists from which all vendors of ePCR will pull values) – those values that we have as outstanding and needing values added will be forwarded onto NEMSIS and/or ImageTrend for assistance in locating any additional appropriate values in time for implementation in AZ-PIERS Version 3 (NEMSIS 3 compliant format). Agencies will also be asked to review the new AZ-PIERS suggested lists to ensure all the values they would need for medications/procedures/etc are present and work with their software vendor and Anne Vossbrink if they are not so that we can request they be added to the standard list. Remember, all values MUST be

pulled from an existing national norm list – such as RxNorm list for medications and ICD-10 codes for procedures, so it is important to make sure you have what you need in your new software package code list (and that we get it added to the State AZ-PIERS list so that it will be imported and not rejected on import). For more information on source lists, go to: http://www.nemsis.org/v3/resources.html

4) Where is your vendor in the process of transition to NEMSIS3 capabilities?
Check for the latest NEMSIS compliant vendors:
http://www.nemsis.org/v3/compliantSoftware.html and, check for the latest NEMSIS poll of vendors to see when your vendor plans to be NEMSIS3 ready.

H) Announcements: Our next EMSRUG meeting will be Monday, October 27th, 2014 from 9:30am - 11:30am

Required Update for NEMSIS Upload

Go to: https://azemsis.azdhs.gov

Login with your Username & Password (if you cannot remember, click the 'forgot password' link

Go to Setup →Service Settings & Resources →Service →Service Information → click 'Edit' →

Update the: 'Organizational Type' & 'Organizational Status' & 'Primary Type of Service' with your agency info.

Data values choices:

Organizational Type:

Community, Non-Profit
Fire Department
Governmental, Non-Fire
Hospital
Private, Non Hospital
Tribal
Not Recorded

Organizational Status:

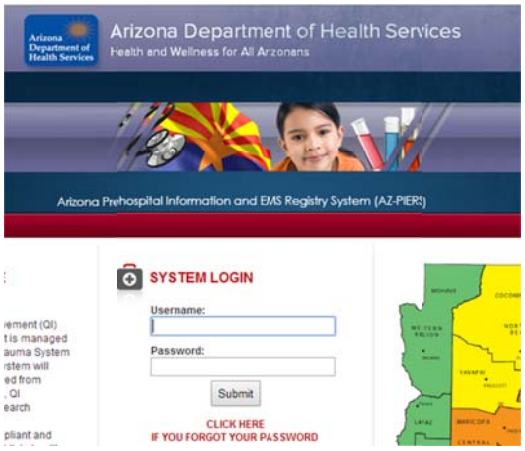
Mixed
Non-Volunteer
Volunteer
Not Recorded

Primary Type of Service:

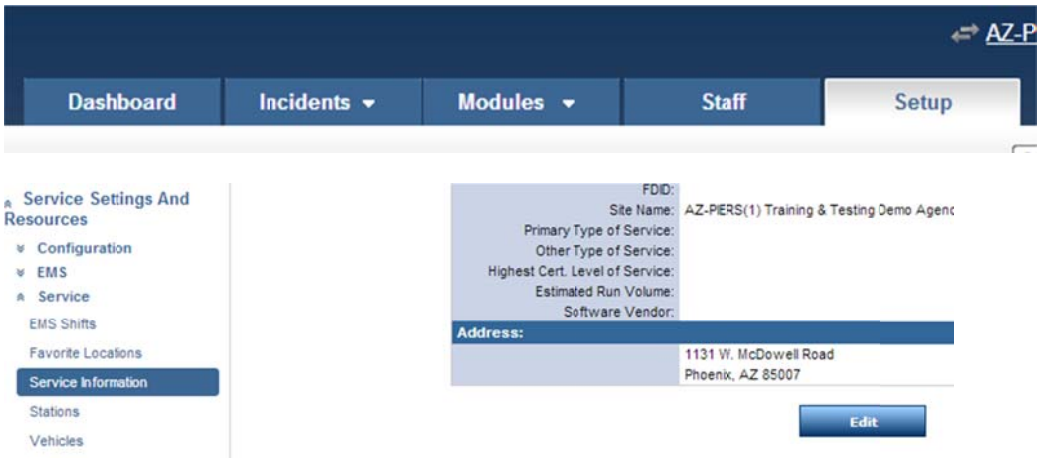
911 Response (Scene) with Transport Capability
911 Response (Scene) without Transport Capability
Air Medical
Hazmat
Medical Transport (Convalescent)
Paramedic Intercept
Rescue
Specialty Care Transport
Not Recorded

Screen Shots Aide

1) Log in



2) Go to Setup → Service Settings And Resources → Service → Service Information →Edit



3) Fill in below: Organization Type, Organization Status, Primary Type of Service

MAY 2014

SAFETY IN NUMBERS

EMS Data IS Important

On any given day, thousands of America's 212 million licensed drivers call 911 for emergency help.

A realistic scenario: A young mother just crashed her car along a busy highway. She has a head injury, her husband has been knocked unconscious, and their 3-year-old daughter wails from her car seat in the back seat. The mother calls 911, and when the ambulance arrives from one of the Nation's 21,283 Emergency Medical Services (EMS) agencies, EMS providers recognize the potentially life-threatening injuries of the husband and radio for a helicopter to transport him to a Level 1 trauma center. That one call to 911 may save a life.

Nearly everywhere in America, dialing 911 brings the help you need, where you need it, thanks to the Nation's Emergency Medical Services system. You may have seen the universal symbol for EMS, called the Star of Life, on ambulances and the uniforms of EMS providers. The six arms of the Star of Life describe what happens from the 911 call to arrival at the hospital.

EMS providers assess each patient, provide immediate emergency medical care, and follow protocols to take each person to the hospital that can meet their needs. Some may need the specialized services of a trauma center, and others may need the community hospital. EMS professionals (over 826,000 in 2011) follow detailed protocols using real-time EMS data and evidence-based technology to achieve the best outcome for injured motorists. Even before the ambulance arrives at the hospital, doctors and nurses often use EMS data to plan treatment.

After each person's injuries have been treated, EMS data is used again—to make continuous improvements in emergency medical care. Perhaps one of the most important uses of EMS data is to prevent injuries from happening in the first place, by analyzing how, where, and when certain injuries occur and developing countermeasures to prevent the crash.

For more information, visit:

www.NHTSA.gov and www.EMS.gov

U.S. Department of Transportation
National Highway Traffic Safety Administration

NHTSA
www.nhtsa.gov

THE FACTS

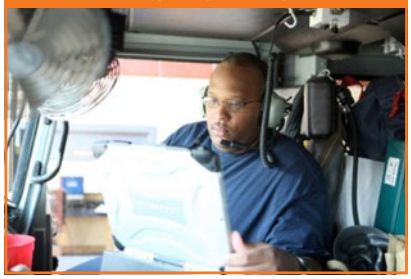
How EMS Data Saves Lives

EMS data helps the injured in real-time. Data tells EMS providers what care patients need and where to take them.

EMS also uses data from traffic crashes and other incidents to improve emergency medical care—and the EMS system.

The first step in using EMS data is the EMS Electronic Patient Record. EMS providers document the details of the injury as completely as possible.

EMS PROVIDERS



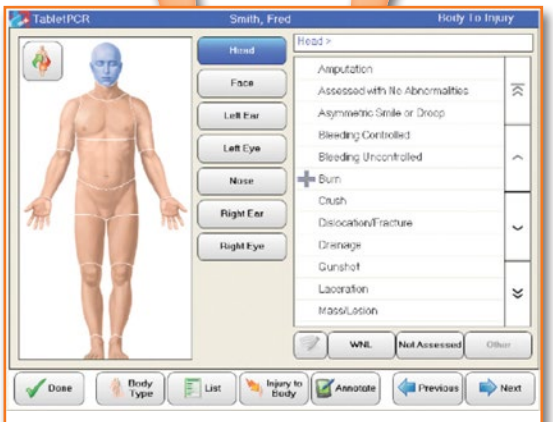
"What could EMS providers do better?"

- Local EMS systems collect uniform data and review it to improve the care they provide.
- Knowing where EMS services are more frequently needed, and what injuries and illnesses are most common can help EMS professionals focus training and education to master skills that will best meet the needs of the public.

EMS SYSTEM

"How can the EMS system improve its response?"

- In 2011, EMS responded to 16,053 rural crashes involving fatalities and 13,578 urban crashes involving fatalities.[2]
- By knowing where crashes occur, local and State EMS systems can use this data to plan efficient responses and how to coordinate with hospitals and other parts of the EMS system.



Example of Electronic Patient Care Record

PATIENT NEEDS

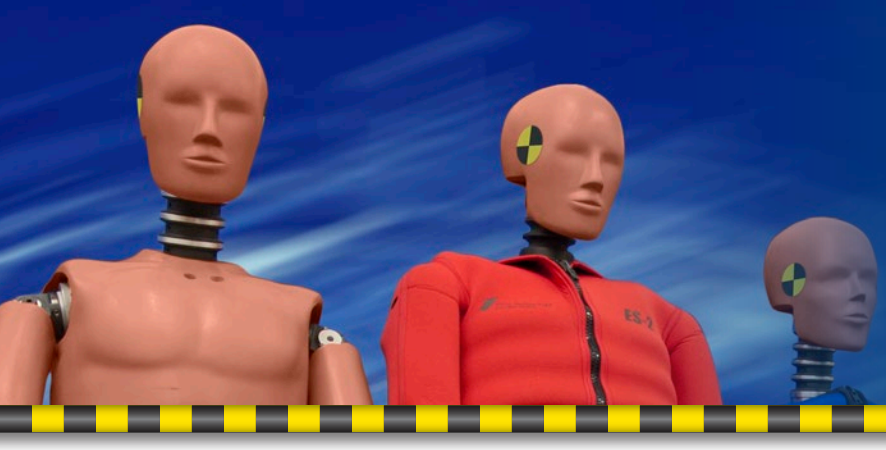
"What does the patient need now?"

- For every patient encounter, EMS providers record what they find, what they do, and how the patient responds.
- By collecting and recording detailed information, EMS providers are able to decide how to care for the patient and which medical facility is best suited to provide the appropriate care.

HIGHWAY SAFETY

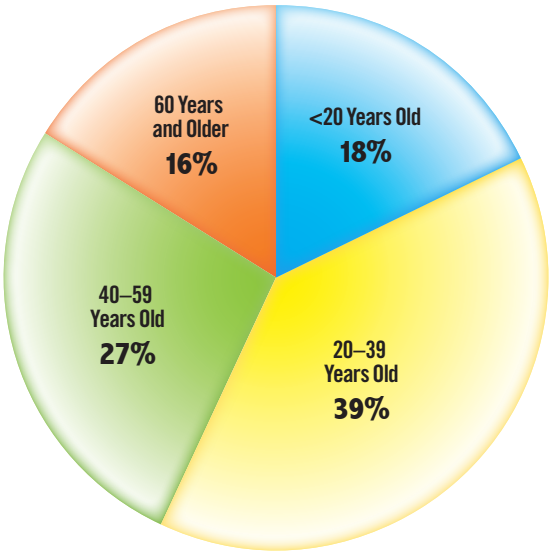
"How can EMS reduce deaths and injuries on the highways?"

- In 2011, EMS arrived within 10 minutes of being notified to the scene of 53 percent of rural crashes involving fatalities and 83 percent of urban crashes involving fatalities.[3]
- By analyzing data, EMS systems can conduct research and identify specific ways to reduce crash-related deaths and injuries.

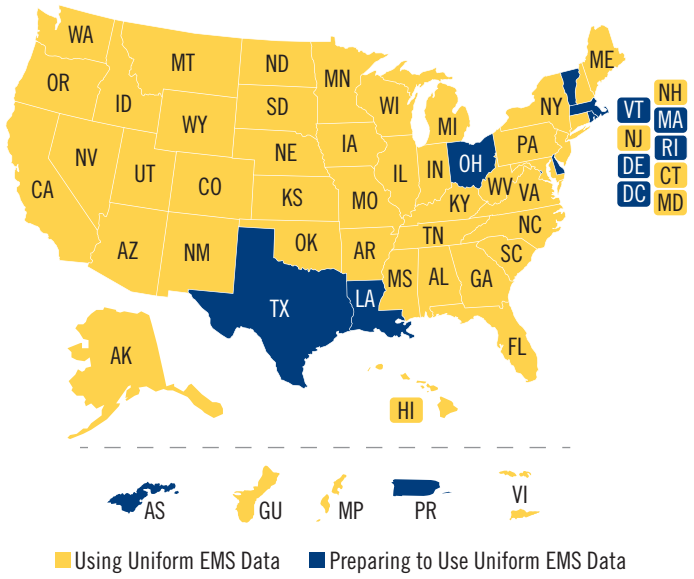


THE FACTS

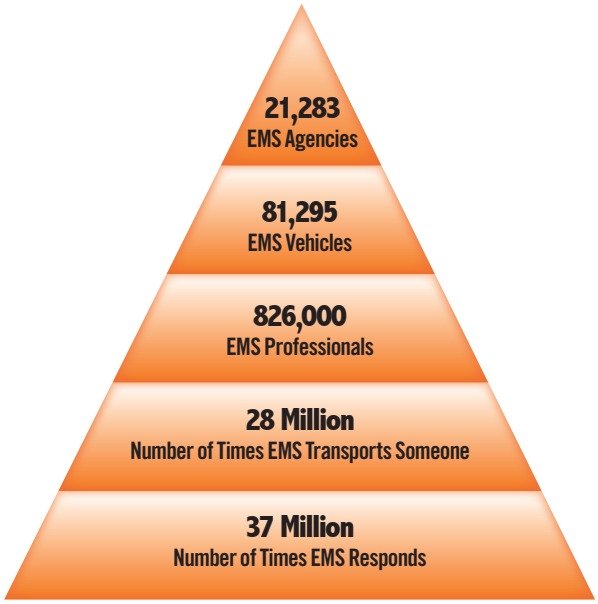
Age of People in Motor Vehicle Crashes Treated and Transported by EMS in 2012[4]



Most States Have Adopted Uniform EMS Data Collection[6]

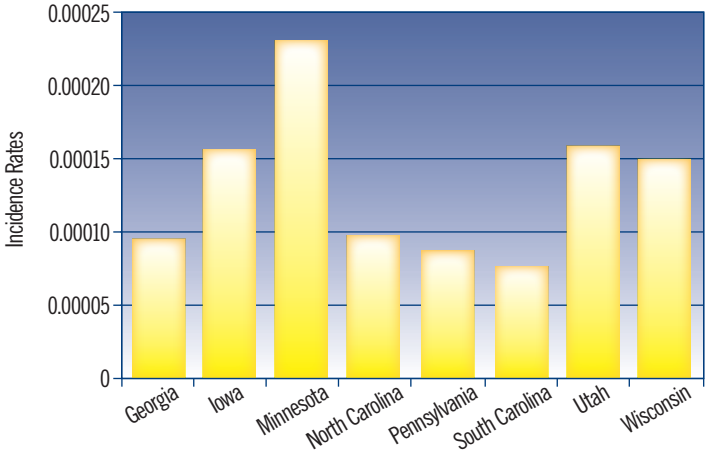


The National EMS System by the Numbers[5]



Incidence Rates for 911 Responses With EMS Primary Role of Transport for Bicycle Crashes, 2012[7] (Number of Injuries per 1,000 Population)

State data can be used to plan how to treat or prevent specific injuries in specific States and enables comparison with other States.



WHAT YOU CAN DO

The Public Can:

- Call 911 for emergency medical care, and help EMS providers make the right decisions by answering their questions accurately and fully.
- Learn CPR.
- Contact the State EMS office (www.nasemso.org/About/StateEMSAgencies/StateEMSAgencyListing.asp) to become an emergency medical responder, technician, or paramedic.
- Visit www.ems.gov for more information on EMS and how to celebrate EMS Week (May 18-24).

State Highway Safety Offices Can:

- Use EMS data to geocode crashes to determine high-risk locations.
- Use EMS data to identify the most frequently occurring crash-related injuries to develop countermeasures to prevent specific types of traffic crashes. Every injury prevented saves money on medical care.
- Use State EMS data to target injury prevention efforts. Focus on pedestrians, bicyclists, and motorcycle riders who are high-risk populations for injuries.
- Visit "The Highway Safety & EMS Connection" (http://safety.fhwa.dot.gov/hsip/shsp/ems/connection/) for ideas on how to work with State EMS offices.

EMS Agencies Can:

- Use EMS data to assess EMS demand, response, and outcomes. This information helps allocate resources to the time and place of highest demand.
- Examine EMS data to determine what kinds of medical problems and injuries occur most often – and identify the skills that are most important for EMS providers to master and maintain.
- Use EMS data to identify and quantify the important role EMS plays in reducing death and disability by providing emergency medical care and transport.
- Use EMS data to inform others about the effectiveness, quality, and impact of pre-hospital care.
- Visit "The Highway Safety & EMS Connection" (http://safety.fhwa.dot.gov/hsip/shsp/ems/connection/) for ideas on how to work with DOTs and State Highway Safety Offices.

EMS Providers Can:

- Record complete, accurate, patient care reports on every EMS transport.
- Work with doctors, nurses, and others in the local/State EMS system to use EMS data to improve emergency care.
- Visit http://nemsis.org for more information on uniform EMS data.

References:

[1] Mears, G., Armstrong, B., Fernandez, A. R., Mann, N. C., McGinnis, K., Mears, C. R., Sanddal, N. D., Sanddal, T. L., & Shofer, F. S. (2012). 2011 National EMS Assessment. (Report No. DOT HS 811 723). Washington, DC: National Highway Traffic Safety Administration. Available at www.nhtsa.gov/staticfiles/nti/ems/pdf/811723.pdf.

[2] NHTSA. (2012). *2011 traffic safety facts: A Compilation of motor vehicle crash data from the Fatality Analysis Reporting System and the General Estimates System.* (Report No. DOT HS 811 754). Washington, DC: National Highway Traffic Safety Administration. Available at. Available at www-nrd.nhtsa.dot.gov/Pubs/811754AR.pdf.

[3] Ibid.

[4] National EMS Information System, Technical Assistance Center. https://www.nemsis.org/. Accessed March 31. 2014.

[5] Mears et al.

[6] National EMS Information System.

[7] Ibid.

For more information, visit:

www.NHTSA.gov and www.EMS.gov

DOT HS 812 027

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NHTSA
www.nhtsa.gov

www.nhtsa.gov
1200 New Jersey Avenue SE.
Washington, DC 20590
1-888-327-4236

AZ-PIERS update to allow documentation of Spinal Motion Restriction or Spinal Immobilization

Issue: Some agencies have moved to a new protocol Spinal Motion Restriction and some continue to use the Spinal Immobilization protocol

Updates have been made to AZ-PIERS to allow for proper documentation of both protocols & procedures

- If you use ImageTrend directly via the ADHS license: these changes will be automatically available
- If you have a stand-alone ImageTrend system or 3rd Party Software: you will need to contact your vendor to make sure your agency's affected protocols and procedures are mapped to the correct value codes that reflect what your agency does. If your vendor does not update the code sent over, we will still get Spinal Immobilization on AZ-PIERS

Solution:

Protocols (D4.8 & E17.1)

Codes Added

- Spinal Motion Restriction (code: 158400). Please make sure you have your software vendor has this mapped correctly to the new value code.

Codes Remaining

- Spinal Immobilization (code: 7180) will continue to be valid/active.

Procedures (D4.4 & E19.3)

Codes Added

- Spinal Motion Restriction (code: 158400)
- Spinal Motion Restriction - Other (padding) (code 154222)

Codes Updated to be inclusive as procedure itself has not changed, just the terminology (label)

Was:

- Spinal Immobilization - K.E.D (code: 6581)
- Spinal Immobilization - Long Back Board (code: 6582)
- Spinal Immobilization - Rigid Cervical Collar (code:6770)
- Spinal Immobilization - Vacuum Board (code: 154131)
- Scoop Stretcher (code: 154152)

- See Next Page -

Now:

- (Spinal Immobilization or Spinal Motion Restriction) - K.E.D (code: 6581)
- (Spinal Immobilization or Spinal Motion Restriction) - Long Back Board (code: 6582)
- (Spinal Immobilization or Spinal Motion Restriction) - Rigid Cervical Collar (code: 6770)
- (Spinal Immobilization or Spinal Motion Restriction) - Vacuum Mattress (code:154131)
- (Spinal Immobilization or Spinal Motion Restriction) - Scoop Stretcher (code:154152)

Codes Remaining

- Spinal Immobilization (code: 6580)
- Spinal Immobilization - Soft Cervical Collar (code: 6780)
- Spinal Immobilization - Standing Take-Down (code: 154000)

Documentation of Lift Assists – Summary ePCR minimum AZ-PIERS requirements

Purpose:

Part 1) A way agencies can track and document Lift Assists without losing validation points when normally required variables aren't captured.

Part 2) Provide a way agencies can use to track these calls for data analysis if they choose and gives a consistent way to do so.

- Whether or how to document these calls is up to that agency's medical direction.
- Agencies are free to require more documentation on their end.
- Whatever your agencies decides, keep in mind documentation allows for review of trends and outcomes, as well as ensuring there is a record of what occurred that lead to the decision of care.

New Codes added for Lift Assist Procedures:

Lift Assist (code: 154209)

Lift Assist – Bariatric (code: 154219)

The below outlines the dispositions used by most agencies and how the validation rules function for each.

Purpose #1: Addressing validation requirements

Agencies appear to document 'lift assist' using possible dispositions that do not indicate Treatment: **"No Treatment Required", "Patient Refused Care", or "Public Assist"** - depending on their agency's protocol in this matter.

AZ-PIERS Required Fields for Lift Assists: See below protocol, divided by disposition your agency may be using.

1) **"No Treatment Required":** Document 'lift assist' in Procedures E19.3

- *Record and Agency Info*
  Record: Incident Number E2.2, Type of Service Requested E2.4, Primary Role of Unit E2.5, Response Mode to Scene E2.20
- *Dispatch Info (Times, Location, Nature code):*
  Times: Unit Notified By Dispatch Date/Time E5.4, Unit En Route By Dispatch Date/Time E5.5, Unit Arrived on Scene Date/Time E5.6, Arrived at Patient Date/Time E5.7, Unit Back in Service Date/Time E5.11
  Location: Incident Location Type E8.7, Incident City E8.12, Incident County E8.13, Incident State E8.14, Incident Zip Code E8.15, Complaint Reported by Dispatch E3.01

- Basic Patient Demographics (Name, DOB, Weight, Gender):
  Name: Last Name E6.1, First Name E6.2
  Gender: Gender E6.11
  DOB: Either Date of Birth E6.16 or else must have Age E6.14 & Age Units E6.15
  Weight: Estimated Body Weight E16.1
- Vitals, One set consisting of a minimum
  Vitals: Date/Time Vital Signs Taken E14.1, SBP E14.4, DBP E14.5, Pulse Rate E14.7, Pulse Oximetry E14.9, Respiratory Rate E14.11, Level of Responsiveness E14.2
- Medical History and Current Medications:
  Medical History: Medical/Surgical History E12.10
  Current Medications: Current Medications E12.14

- Interventions & Procedures:
  Procedures: Procedure E19.3 with the value "Lift Assist" documented, Date/Time Procedure Performed Successfully E19.1

2) "Patient Refused Care":

- Record and Agency Info
  Record: Incident Number E2.2, Type of Service Requested E2.4, Primary Role of Unit E2.5, Response Mode to Scene E2.20
- Dispatch Info (Times, Location, Nature code):
  Times: Unit Notified By Dispatch Date/Time E5.4, Unit En Route By Dispatch Date/Time E5.5, Unit Arrived on Scene Date/Time E5.6, Arrived at Patient Date/Time E5.7, Unit Back in Service Date/Time E5.11
  Location: Incident Location Type E8.7, Incident City E8.12, Incident County E8.13, Incident State E8.14, Incident Zip Code E8.15, Complaint Reported by Dispatch E3.01

3) "Public Assist": Does not exist as a standard value until NEMSIS3 format. We have added a "Public Assist" value to AZ-PIERS to use now. Please map your "Public Assist" Dispositions to the AZ-PIERS "Public Assist" (code: 804091). Without this disposition mapped over to AZ-PIERS, none of these calls are submitted to the database and are not included in counts or analysis.

- Record and Agency Info
  Record: Incident Number E2.2, Type of Service Requested E2.4, Primary Role of Unit E2.5, Response Mode to Scene E2.20
- Dispatch Info (Times, Location, Nature code):
  Times: Unit Notified By Dispatch Date/Time E5.4, Unit En Route By Dispatch Date/Time E5.5, Unit Arrived on Scene Date/Time E5.6, Arrived at Patient Date/Time E5.7, Unit Back in Service Date/Time E5.11
  Location: Incident Location Type E8.7, Incident City E8.12, Incident County E8.13, Incident State E8.14, Incident Zip Code E8.15, Complaint Reported by Dispatch E3.01

Purpose #2: Documenting Lift Assists in order to differentiate them from other call types.

Identifying a Lift Assist specifically in the data:

- Many agencies have indicated that if they document these calls, it is written only in the narrative. If you or your medical direction is interested in reviewing these calls sometime in the future, you may want an easy way to sort out these calls. One way would be to pull all calls where the protocol ‘lift assist’ has been documented.
- To allow agencies to track ‘lift assists’ specifically, so that they can be differentiated from other calls with the same disposition, a new procedure value has been added to the AZ-PIERS D4.4 Procedures: Lift Assist (code 154209).
- If you use a 3rd party software vendor and would like to specifically track these calls, or if you have a stand-alone ImageTrend Bridge, please ask your vendor how to get this value added to your picklist.